Annex Title: Incident Specific Annex, Disease Outbreak, Pandemic Influenza

Lead Division: Disease Control and Environmental Epidemiology Division (DCEED)

Internal Supporting Divisions/Offices: Executive Offices, Health Facilities and Emergency Medical Services Division, Prevention Services Division, Laboratory Services Division, Center for Health and Environmental Information and Statistics Division, and Consumer Protection Division

External Supporting Agencies: Division of Emergency Management, Department of Agriculture, Department of Human Services, Department of Public Safety, Department of Transportation, Department of Wildlife, Department of Personnel Services, Department of Higher Education, Department of Policy and Finance, Department of Military Affairs, American Red Cross, Salvation Army and Voluntary Organizations Active in Disaster

I. Purpose

The purpose of this incident-specific annex (herein known as the Pandemic Influenza Annex) to the Colorado Department of Public Health and Environment (CDPHE) Internal Emergency Response Implementation Plan (herein known as the “Basic Plan”) is to reduce mortality and morbidity, and minimize social disruption in Colorado, by providing a guide for the CDPHE response to an influenza pandemic.

II. Scope

Because the response to pandemic influenza will use much of the same infrastructure as is needed for a response to other communicable disease outbreaks, this incident-specific annex to the Basic Plan highlights areas that are specific to pandemic influenza and therefore require additional consideration.

In particular, this annex describes how CDPHE will undertake planning and coordination; surveillance, investigation (including laboratory), and protective health measures; vaccine and antiviral drugs; healthcare system and emergency response; and communications and outreach activities by World Health Organization (WHO) Phase and associated U.S. Department of Health and Human Services (HHS) Stage in the State of Colorado. See Attachment 1 - Phases of a Pandemic.
III. Legal Authority

CDPHE and local public health agencies (LPHA) have statutory authority to investigate and control causes of epidemic and communicable diseases affecting the public health. The Colorado Board of Health has the authority to require reports of such diseases to public health officials and public health officials in turn have access to medical records relating to these diseases. Additionally, CDPHE and LPHAs have statutory authority to establish, maintain and enforce isolation and quarantine and to exercise physical control over property and the persons within Colorado. See Attachment 2 – Public Health Powers.

Colorado is also in a unique position to have the Governor’s Expert Emergency Epidemic Response Committee (GEEERC). The GEEERC was statutorily created in 2000 to develop a public health response to acts of bioterrorism, pandemic influenza and epidemics caused by novel and highly fatal infectious agents. It is chaired by the CDPHE Executive Director and consists of 18 other statutorily designated people representing state agencies, public health officials, various health care professions and the Attorney General. The basic function of the GEEERC is to provide recommendations to the Governor of Colorado on reasonable and appropriate measures to reduce or prevent the spreading of disease.

As the Governor of Colorado has broad powers to meet the response needs of an emergency, the Governor may suspend any regulatory statute provisions, state agency orders, rules, or regulations that would prevent, hinder, or delay emergency response efforts. Based on this authority, the GEEERC has created several draft executive orders that could be signed by the Governor in order to facilitate response to a public health emergency. See Attachment 3 – GEEERC Draft Executive Orders.

IV. Assumptions

Several features set pandemic influenza apart from other public health emergencies or community disasters:

A. Susceptibility to the pandemic influenza virus strain will be universal.

B. The clinical disease attack rate will be about 30% in the overall population. Illness rates will be highest among school-age children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.

C. Of those who become ill with the new strain of influenza, approximately 50% will seek outpatient medical care.

D. In an infected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. The seasonality of a pandemic cannot be predicted with certainty.
E. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Because the virulence of the influenza virus that causes the next pandemic cannot be predicted, two scenarios are presented based on extrapolation of past pandemics. Estimates are based on extrapolation from past pandemics in the United States using Colorado-specific census data in the Centers for Disease Control and Prevention’s (CDC) FluAid program.

**Estimated number of episodes of illness, healthcare utilization, and death associated with moderate and severe pandemic influenza scenarios in Colorado**

2005 Estimated Colorado Population = 4,722,460

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Moderate (1958/68)</th>
<th>Severe (1918)</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness</td>
<td>1,416,738</td>
<td>1,416,738</td>
<td>30% of CO population becomes ill</td>
</tr>
<tr>
<td>Outpatient medical care</td>
<td>708,369</td>
<td>708,369</td>
<td>50% of ill persons seek outpatient care</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>13,616</td>
<td>155,841</td>
<td>1-11% of ill persons require hospitalization</td>
</tr>
<tr>
<td>ICU Care</td>
<td>2,027</td>
<td>23,376</td>
<td>0.1-1.6% of ill persons require ICU care</td>
</tr>
<tr>
<td>Mechanical ventilation</td>
<td>1,021</td>
<td>11,688</td>
<td>0.07-0.3% of ill persons require ventilation</td>
</tr>
<tr>
<td>Deaths</td>
<td>3,290</td>
<td>29,956</td>
<td>0.2-2.1% of cases die</td>
</tr>
</tbody>
</table>

*Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics.*

F. Based on the above extrapolation for a severe pandemic, Colorado deaths are estimated to be approximately 29,956. It is assumed that a pandemic will occur in 2 waves lasting 6 – 8 weeks each. If the number of Colorado deaths is spread out over 2 waves of 8 weeks each, Colorado can expect to see approximately 347 deaths per day. This estimate includes 80 deaths per day that Colorado typically has. As a direct calculation, this estimate does not take into account traditional epidemiologic bell curves seen in disease outbreaks. Therefore, this number will likely be smaller at the onset of the wave, rise steeply at the peak and decrease at the end of the wave. This cycle will likely repeat with the second wave.

G. Risk groups for severe and fatal infections cannot be predicted with certainty. During annual fall and winter influenza season, infants and the elderly, persons with chronic illnesses and pregnant women are usually at higher risk of complications from influenza infections. In contrast, in the 1918 pandemic, most deaths occurred among young, previously healthy adults.

H. In a severe pandemic, it is expected that absenteeism may reach 40% due to illness, the need to care for ill family members, and fear of infection during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
I. The typical incubation period (interval between infection and onset of symptoms) for influenza is two days. It is assumed that this would be the same for a novel strain that is transmitted between people by respiratory secretions.

J. Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.

K. On average, infected persons will transmit the infection to approximately two other people. Some estimates from past pandemics have been higher, with up to about three secondary infections per primary case.

L. Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing shifts in human and material resources that usually occur in response to other disasters.

M. Localities must be prepared to rely on their own resources to respond. The effect of influenza on individual communities will be relatively prolonged (weeks to months) in comparison to other types of disasters.

N. Healthcare workers, public health workers, and other responders (i.e., law enforcement and firefighters) may be at higher risk of exposure and illness than the general population, further straining the pandemic response.

O. Effective prevention and therapeutic measures, including vaccine and antiviral agents, may be delayed and, initially, in short supply or not available.

P. Substantial public education regarding the need to target priority groups for vaccination and possibly for antiviral medication, and rationing of limited supplies is paramount to controlling public panic.

Q. Adequate security measures must be in place while distributing limited supplies of vaccine or antiviral medication.
V. Concept of Operations

A. General

1. The national response to a pandemic will largely reflect the ability of states and local communities to respond. Because of the potential impact of a pandemic and the need to coordinate a number of partners to effectively respond, planning for such an event has been ongoing in the State of Colorado.

2. Planning and coordination between CDPHE, HHS, local health departments and nursing services, Tribal Nations and the Colorado healthcare system will ensure effective implementation of public health response activities and delivery of quality health care, despite the probable increased demand for services.

3. Response to a pandemic will trigger expansion of ongoing disease control activities and functions within the public health and medical communities. Enhancement of these services will require the activation of the CDPHE Departmental Operations Center (DOC) and establishment of linkages with other state and local agencies under the auspices of the Colorado State Emergency Operations Plan (SEOP).

B. Roles and Responsibilities

1. U.S. Department of Health & Human Services

*HHS is responsible for nationwide coordination of a pandemic influenza response.*

Specific areas of responsibility include the following:

a. Coordinate pandemic response activities with the international community, often interacting with the WHO.

b. Provide guidelines for pandemic response planning activities for the state, local and tribal public health agencies.

c. Recommend clinical and virological surveillance guidelines for the state, local and tribal health agencies.

d. For new influenza strains: collect information about the epidemiology and clinical characteristics; provide recommendations on the diagnosis and treatment; develop reference strains and reagents for diagnosis of new influenza strains, and distribute reagents to state and local laboratories.
e. Monitor the public health impact of the pandemic at the national level. Provide states with guidelines for monitoring and reporting and make recommendations for changes to response strategies.

f. Recommend appropriate infection control guidelines.

g. Recommend and evaluate community measures to prevent and control spread of the new influenza strain.

h. Provide guidelines to the state, local and tribal levels for monitoring the effectiveness of public health measures to control spread of the new viral strain, and provide feedback to the states and the world.

i. Implement international and interstate travel restrictions and recommend travel-related and community containment measures as necessary to prevent introduction and transmission of pandemic disease.

j. Work with pharmaceutical companies on development, evaluation, licensing and production of effective vaccines. Assess vaccine effectiveness and safety in population-based studies.

k. Purchase antivirals and vaccines for distribution to Strategic National Stockpile (SNS) sites around the country. Provide guidelines for distribution of antiviral medications, vaccines and other supplies from the SNS sites.

l. Recommend strategies for implementing a vaccination program, and for monitoring and investigating related adverse events. Provide guidelines for determination of populations at highest risk, and guidelines for strategies for vaccination and antiviral use.

m. Conduct studies to assess the effectiveness of antivirals against the new influenza strain, and to assess the safety of use of the antivirals, if not already done.

n. Provide a streamlined payment mechanism through the Centers for Medicare and Medicaid and work with prescription drug plans and Medicare managed care plans. Communicate specific guidance and support the pandemic influenza response activities of hospitals, home health agencies, skilled nursing facilities and other healthcare providers, suppliers and practitioners that participate in Medicare and Medicaid.

o. Communicate with and provide technical assistance through Health Resources and Services Administration to support pandemic response activities of state primary care associations, health centers, and other community-based providers.
Promote coordination with the National Hospital Bioterrorism Preparedness Program for surge capacity plans.

p. Provide information to state and local public health agencies, and to the media, about what is happening globally in terms of development of new strain(s) of influenza, and about what could happen.

q. Provide guidance for state and local public education and information campaigns.

2. Colorado Department of Public Health and Environment

*CDPHE is responsible for coordination of the pandemic influenza response statewide and between regional jurisdictions. Specific areas of preparedness responsibility include the following:*

a. Integrate public health and healthcare pandemic influenza planning with other general planning activities. Identify and coordinate public and private sector partners needed for effective planning and response statewide. See Attachment 4 - Interagency Influenza Coordinating Committee.

b. Maintain situational awareness by monitoring progression of the pandemic and assessing the public health/medical needs of Colorado. Provide data to federal, state, bordering state and local partners regarding current status in Colorado.

c. Activate the CDPHE DOC to coordinate Emergency Support Function (ESF) #8 – Health and Medical activities in response to progressing phases of the pandemic, as appropriate. Coordinate with the SEOC/Multi-agency Coordination Center (MACC).

d. Develop, with concurrence of the GEEERC, a collaborative prioritization and utilization system of vaccine, antiviral and other scarce resources. See Attachment 5a and 5b – Vaccine and Antiviral Prioritization Lists.

e. Receive, secure, manage, apportion, transport and distribute influenza vaccine and antiviral medications through Colorado’s SNS program.

f. Provide guidance, resources and technical assistance to local health departments, nursing services, Tribal Nations, healthcare entities and other agencies and organizations on pandemic influenza planning, response, and training and exercise efforts.

g. Coordinate with the public and private healthcare system to ensure a cohesive healthcare response network statewide to handle inpatient and outpatient care.
h. Coordinate epidemiologic activities statewide including data collection, surveillance, detection and management of suspect cases and contact tracing. See Attachment 6a - Influenza Surveillance: Pandemic Alert and Pandemic Phases and Attachment 6b – Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths.

i. Provide guidance to healthcare providers, emergency medical services, health facilities, etc regarding influenza-specific protocols such as decontamination of surfaces and transport vehicles, personal protective equipment (PPE), disease transmission and infection control procedures.

j. Coordinate laboratory response specimen testing and confirmation capacity statewide. Coordinate specimens sent to CDC Laboratory.

k. Coordinate mass fatalities management and response including guidance for retrieval, storage and disposition of bodies, death certificates and next of kin notification.

l. Provide guidance for, with the concurrence of the GEEERC, and coordinate implementation of non-pharmaceutical containment measures such as social distancing, quarantine, isolation, “snow days” and limiting or closure of public gatherings. See Attachment 7 – Community Containment Measures.

m. Coordinate and support resource requests, as appropriate, for equipment, supplies and volunteers with the Colorado Division of Emergency Management (CDEM) and CDC.

n. Coordinate and manage statewide all public health and medical volunteers needed to maintain effective pandemic response through the Colorado Public Health and Medical Volunteer System (CPHMVS).

o. Coordinate timely, accurate and consistent messages to media, public and response partners about pandemic influenza planning, response and recovery. Activate a joint information system or center (JIS/JIC) for public health and medical messages, as needed.

p. Identify spokesperson(s) responsible for addressing pandemic influenza-related public information and media requests.

q. Maintain data management systems for tracking resources and information as well as surveillance activities.

r. Document and track all state public health response expenses in real time.
3. Local Public Health

Local public health is responsible for coordination of the pandemic influenza response within their local and regional jurisdictions. Specific areas of responsibility include the following:

a. Identify and coordinate public and private partners to assist with preparedness activities (planning, training, and exercises) as well as local or regional response to an outbreak.

b. Activate public health DOCs or participate in county local EOCs to coordinate ESF #8 – Health and Medical activities in response to progressing phases of the pandemic, as appropriate. Coordinate with the CDPHE DOC and local/regional EOC within jurisdiction.

c. Receive, secure, manage, transport and dispense (for vaccination or prophylaxis) influenza vaccine and antiviral medications to residents in their communities through the SNS program.

d. Initiate, coordinate and support mass fatality response in jurisdiction. Coordinate with coroner’s office (if applicable).

e. Provide data to CDPHE regarding current status of situation in jurisdiction via situation reports, including resource and volunteer requests.

f. Identify, train, and equip staff and volunteers to activate a pandemic response upon notification within jurisdiction.

g. Coordinate timely, accurate and consistent messages to media, public and response partners about pandemic influenza planning, and response and recovery activities in jurisdiction. Participate in a public health or jurisdictional JIS/JIC, as appropriate.

h. Identify spokesperson(s) responsible for addressing pandemic influenza-related public information and media requests.

i. Manage all resources and document/track all expenses in real time.

C. Divisional Annex Implementation Procedures:

Activities within this annex have already commenced per the current WHO phase. New or enhanced activities will begin upon confirmation from WHO and CDC that a new WHO Phase has been reached. See Attachment 1 - Phases of a Pandemic.
D. Inter-pandemic Period

1. Phases 1 and 2 of the Inter-pandemic Period

   o WHO Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low.

   o WHO Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

   o HHS Stage 0: New domestic animal outbreak in this country

Overarching Colorado Public Health Goals for Phases 1 & 2:

For Phase 1: Standard influenza pandemic planning and surveillance at the state, regional and local levels.

For Phase 2: Standard influenza pandemic planning and surveillance. Monitor the risk of transmission to humans. Report pandemic-related information to public and partners, as appropriate.

a. Planning and Coordination, WHO Phases 1 & 2, HHS Stage 0

   1) CDPHE Chief Medical Officer (CMO) is the lead decision-maker of the state’s public health and healthcare-related response to pandemic influenza. In the absence of the CDPHE CMO, the DCEED Director will fulfill this role.

   2) CDPHE Emergency Coordination Group (ECG) establishes policy and strategic direction in a pandemic response. The ECG membership includes:

      i. Executive Director
      ii. Chief Medical Officer
      iii. Director of Environmental Programs
      iv. Emergency Response Coordinator
      v. Director of Communication
      vi. Incident Manager (when appointed)
3) CDPHE Emergency Preparedness and Response Section (EPRS) staff oversees development and maintenance of the Pandemic Influenza annex and coordinates the pandemic response.

4) Governor’s Expert Emergency Epidemic Response Committee (GEEERC) provides expert health advice to the Governor related to a pandemic response. This committee will review all available information about the potential influenza pandemic, including the directives from CDC and HHS. Draft Executive Orders addressing many legal issues related to an influenza pandemic have been prepared and made available for activation in Colorado. See Attachment 3 - GEEERC Draft Executive Orders.

b. Surveillance, Investigation, and Protective Public Health Measures, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE, Communicable Disease Program coordinates surveillance and epidemiological investigation activities, including seasonal influenza surveillance.

2) There are four main components of statewide surveillance program:

   i. **Virologic surveillance**: Sentinel providers and clinical laboratories submit specimens from patients with compatible clinical illness to the state laboratory for confirmatory testing and subtyping.

   ii. **Surveillance for influenza-like illness (ILI)**: Approximately 24 sentinel healthcare providers and/or clinics located in 17 counties report weekly the number of patient visits for ILI and the total number of patient visits each week. In addition, a large health maintenance organization in the Denver metropolitan area reports similar information electronically from its medical record database for approximately 350 primary care providers.

   iii. **Surveillance for influenza-associated hospitalizations**: This is a reportable condition in Colorado (since October 2004), which is a population-based measure of the more severe morbidity, caused by influenza

   iv. **Surveillance for facility-based outbreaks of influenza**: This primarily represents reporting of long-term care facility outbreaks, but may also include other types of facilities.

3) Colorado Department of Agriculture (CDA), Colorado State University – Veterinary Diagnostic Laboratory (CSU-VDL) and Colorado Division of Wildlife (DOW) advise CDPHE of outbreaks of animal illness that can potentially infect humans, including avian influenza.
4) CDPHE, Laboratory Services Division tests human and animal specimens and has the capacity to test approximately 100 samples per day for the presence of influenza viruses, including most influenza A subtypes.

5) CDPHE, Laboratory Services Division provides confirmation of positive influenza tests via real-time polymerase chain reaction (RT-PCR).

6) CDPHE, Laboratory Services Division provides guidance on routine laboratory biosafety and safe specimen handling.

c. Vaccines and Antiviral Drugs, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE, Immunization Program promotes pneumococcal and seasonal influenza vaccination coverage in traditional high-priority groups, particularly subgroups in which vaccination levels have been particularly low.

2) CDPHE, SNS program plans for the coordination of receipt, storage, staging, security, apportionment, transport and distribution of vaccines, antiviral medication, and other medical equipment to local public health agencies throughout Colorado.

3) CDPHE utilizes COpharm, a database of pharmacies and pharmacy groups, to inventory, map locations, and determine accessibility of antivirals and other medications in Colorado. CDC supplies weekly information about influenza vaccine distribution in Colorado to the CDPHE Immunization Program.

4) CDPHE and the Attorney General’s Office resolve liability and other legal issues linked to use of the pandemic vaccine for mass or targeted emergency vaccination campaigns.

5) CDPHE, per the Colorado Immunization Manual, develops guidelines for shipping and storage of vaccines to ensure vaccine viability. See Attachment 8 - Guidelines for Shipping and Storage of Vaccines.

d. Healthcare and Emergency Response, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE continues to assist healthcare entities in identifying priorities and response strategies, developing or enhancing pandemic influenza plans, surge capacity, and human and material resource management and guidance on linking those plans with local public health and emergency management.
2) CDPHE follows infection control guidelines for healthcare settings and triaging and respiratory protection guidelines set forth by HHS. Standard respiratory precautions are recommended for home and non-medical facilities. See Attachment 9 - Infection Control Guidelines and Respiratory Protection.

3) CDPHE utilizes EMSSystem to provide real-time communications between hospitals, the state health department, and emergency medical services agencies and dispatch. EMSSystem provides emergency department status tracking, patient tracking, mass casualty, event communication, incident support and hospital inpatient bed tracking.

e. Communications and Outreach, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE, Office of Communications coordinates communication activities across the state with national activities and continues to participate in notification and information exchange with many federal, state, local, and private partners.

2) CDPHE, Office of Communications identifies media spokespersons responsible for addressing pandemic-related issues

3) CDPHE, Office of Communications develops educational materials for healthcare service providers, the media, and the public. Information covered includes possible isolation and quarantine, and shortages of vaccines and antiviral drugs.

4) CDPHE, in partnership with the Rocky Mountain Poison and Drug Center, maintains the Colorado Health Emergency Line for the Public to receive a higher volume of calls before and during to emergencies.

5) CDPHE, in partnership with the Colorado Department of Human Services, Division of Mental Health (CDHS – DMH), develops press releases that address fear and other psychological reactions to an influenza pandemic.

6) Response activity for CDPHE is coordinated through the CDPHE DOC. It is equipped with advanced telecommunications and data networking capabilities, including teleconferencing and video feeds. The existing Novell GroupWise system is used as the information management system for an emergency. CDPHE utilizes WebEOC to coordinate information with CDEM.

7) CDPHE uses a statewide 800 MHz Digital Trunked Radio System as a backup method of communication. An 800 MHz base station has recently been installed in the CDPHE DOC with 20 hand-held portable units available.
8) CDPHE uses Colorado Health Alert Network (COHAN), a secure web portal, for sharing and posting files and the Dialogics system to disseminate Health Alert Network (HAN) messages to over 14,000 public health stakeholders.

E. Pandemic Alert Period (Phases 3, 4, & 5)

1. Phase 3 of the Pandemic Alert Period
   
   o WHO Phase 3: Human infection(s) with a new subtype, but no human-to human spread, or at most rare instances of spread to a close contact.
   
   o HHS Stage 1: Suspected human outbreak overseas

Overarching Colorado Public Health Goals for Phase 3:
Ensure rapid detection, notification and response for the first travel-related case of novel influenza in Colorado. Educate and train health professionals and the public regarding pandemic preparedness activities, realistic expectations of public health and actions they can take as the pandemic progresses.

a. Planning and Coordination for Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) The Interagency Influenza Coordinating Committee will coordinate planning, outreach, information sharing, training and exercises for avian and pandemic influenza in Colorado. All 15 emergency support functions of the SEOP are represented plus members from medical, private business and other non-governmental entities.

3) CDPHE will develop a continuity of operations plan to ensure maintenance of essential public health services and suspension of non-essential services during pandemic response activities.

4) CDPHE will provide guidance to businesses, particularly private essential services, for the development, activation and implementation of pandemic response contingency plans and continuity of operations plans.

5) CDPHE Human Resources will develop policies for deploying CDPHE employees to assist inter- and intra-state volunteer requests during emergencies.
6) GEEERC will continue to review, revise and develop new draft executive orders to use during a pandemic or other public health emergency.

b. Surveillance, Investigation, & Protective Public Health Measures, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE will work to ensure that all influenza surveillance activities are underway regardless of the time of year and that participating laboratories and sentinel providers are reporting data to CDPHE each week.

3) CDPHE will enhance surveillance as the likelihood of an influenza pandemic becomes more imminent. See Attachment 6a - Influenza Surveillance: Pandemic Alert and Pandemic Phases.

4) CDPHE will perform the following if notified that a novel influenza virus has been identified, but efficient viral transmission from person-to-person is not yet established:
   i. Notify healthcare providers of pandemic alert status and need to screen patients presenting with fever and (severe) respiratory symptoms and travel history to the affected area and report all suspect cases to CDPHE or local health department
   ii. Provide guidance regarding detection and management of suspect cases including: clinical symptoms, epidemiology, guidance for obtaining travel histories, reporting, specimen collection and infection control measures.
   iii. Request autopsies for fatal cases of influenza, unexplained pneumonia or severe respiratory diseases occurring among travelers to affected areas. See Attachment 6b – Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths.

5) Cases that are more highly suspect will be hospitalized for clinical evaluation and management, including specimen collection for testing at the state laboratory. Patients will be isolated and infection control precautions implemented during evaluation and/or treatment. Management of contacts with depend on likelihood of infection with a novel influenza strain, potential for human-to-human transmission and feasibility of contact tracing and monitoring See Attachment 6a – Influenza Surveillance: Pandemic Alert and Pandemic Phases.
6) CDPHE will coordinate with Denver Public Health, Denver International Airport (DIA) Operations, Tri-County Health Department, Centennial Airport and the CDC Seattle Quarantine Station (there is no quarantine station at DIA) in the event that a passenger arriving directly or indirectly from an area affected by the pandemic alert presents with ILI or fever/respiratory illness.

7) CDPHE will institute recommendations from CDC for any additional surveillance activities that should be undertaken, given the specific circumstances.

8) CDPHE will continue to work with CDA, CSU-VDL and CDOW to enhance surveillance for avian influenza and link data from veterinary surveillance of influenza virus to human surveillance data.

c. Vaccines and Antiviral Drugs, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE, with concurrence of the GEEERC, will develop guidance for vaccine and anti-viral prioritization rationale in Colorado based on exposure to risk and reduction of morbidity and mortality. See Attachments 5a and 5b: Vaccine and Antiviral Prioritization.

3) CDPHE, SNS Program will continue to regularly exercise deployment of SNS stockpiles to ensure that vaccine and antiviral medications could be deployed rapidly to any affected area in the state, and that appropriate staff is familiar with guidance for deployment and use.

4) CDPHE, Immunization Program will reassess inventories of seasonal vaccines and other material resources needed to carry out mass vaccinations.

5) CDPHE, Immunization Program will review strategies for the use of seasonal vaccines to prevent dual infection with human and animal viruses, and promote their use in defined risk groups.

6) CDPHE, Immunization Program will develop contingency plans for procuring vaccine and antivirals once available.

7) CDPHE will use CDC's Countermeasure and Response Administration Immunization software to track those who have received vaccine. Adverse reactions to vaccine will also be tracked.
8) CDPHE, Immunization Program will review evidence for effectiveness and safety of antivirals and if necessary reassess and review strategies, guidelines and priorities for use with local and Tribal Nations.

9) Prophylaxis may or may not be a viable strategy depending on availability of supplies and on resistance patterns. Currently, neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of influenza A in the United States until susceptibility to these antiviral medications has been re-established among circulating influenza A viruses. Oseltamivir or zanamivir can be prescribed if antiviral treatment of influenza is indicated. Oseltamivir is approved for treatment of persons aged ≥1 year, and zanamivir is approved for treatment of persons aged ≥7 years. Oseltamivir and zanamivir can be used for chemoprophylaxis of influenza; oseltamivir is licensed for use in persons aged ≥1 year, and zanamivir is licensed for use in persons aged ≥5 years.

10) Attorney General’s Office will review worker compensation laws as they apply to healthcare workers and other essential workers who have taken antiviral medication for prophylaxis.

11) CDPHE will continue to expand participation in COpharm, and test its ability to inventory supplies of antiviral medication statewide.

d. Healthcare and Emergency Response, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE will continue to establish the CPHMVS to manage medical and public health volunteers for surge capacity in a pandemic.

3) CDPHE will continue to provide guidance on infection control procedures for ill patients and implementation that is consistent with existing CDC and WHO guidance.

4) CDPHE will provide support to regional/local Healthcare Coalitions made up of public and private healthcare, emergency medical services, public health and emergency management throughout Colorado. These coalitions will provide the network for inpatient and outpatient care, transport, triage and prophylaxis/vaccinations to well persons within their jurisdiction.

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5) CDPHE will continue to assist medical and emergency response systems in assessing their ability to meet expected increased needs during a pandemic and enhance surge capacity if those systems are inadequate.

6) CDPHE will continue to enhance healthcare provider awareness of the potential for a pandemic and the importance of diagnosis and viral identification for persons with influenza-like illness, especially from potentially affected areas and recognize the need for immediate reporting to state authorities.

7) CDPHE will continue to engage medical societies and private physicians into pandemic planning statewide.

8) GEEERC Mortuary Services Subcommittee will continue to work on mass fatality planning including: retrieval, storage and disposition of bodies, death certificates, next of kin notification, etc.

9) CDPHE will seek memorandums of understanding (MOUs) with emergency management, volunteer organizations, food distribution centers, etc to provide necessary supplies and food to those persons affected by community containment measures that CDPHE may potentially implement.

e. Communications and Outreach, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE, Office of Communications will update all local health departments, partners, stakeholders, government officials and the media on the status of the pandemic and response activities.

3) CDPHE, Office of Communications will coordinate with partners to ensure that consistent, timely and accurate messages are delivered.

4) CDPHE, Office of Communications will continue to identify target groups for delivery of key messages as well as appropriate materials, formats and language options from the materials already assembled, and develop others as the need is identified.

5) CDPHE, Office of Communications will update risk and prevention information materials (risk of infection, safe food, animal handling) based on CDC and WHO recommendations for media, general public, health workers and government officials.
6) CDPHE, EPRS will exercise communications systems and facilities to ensure that they are functioning optimally and contact lists are up to date.

7) CDPHE, in partnership with the Rocky Mountain Poison and Drug Center, will enhance the Colorado Health Emergency Line for the Public to allow for receipt of a 1,000 calls per hour during an emergency.

2. Phase 4 of the Pandemic Alert Period

   o WHO Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

   o HHS Stage 2: Confirmed human outbreak overseas

Overarching Public Health Goals for Phase 4:
Continue to ensure rapid detection, notification and response for the first travel-related case of novel influenza in Colorado. Continue to educate and train health professionals and the public regarding pandemic preparedness activities, realistic expectations of public health and actions they can take if the pandemic progresses.

a. Planning and Coordination, WHO Phase 4, HHS Stage 2

   1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

   2) CDPHE may be activated at Level III (low level, monitoring), depending upon the details of the situation. This does not automatically require activation of the CDPHE DOC itself.

   3) CDPHE ECG will appoint an Incident Manager (IM) and IM will assign an Operations Section Chief, Logistics Officer, Public Information Officer, Finance Officer and Liaison Officer, at a minimum.

   4) CDPHE ECG will re-ensure highest level of political commitment for ongoing and potential interventions or countermeasures.

   5) GEEERC will reassess the potential need for new draft executive orders to be used if the pandemic progresses and create new ones that are needed.
6) CDPHE will review procedures to respond to requests from affected areas for assistance and modify as necessary. Changes will be made available to local public health.

7) CDPHE ECG and Command Staff may initiate regular conference calls with local and neighboring state partners.

8) CDPHE will continue to coordinate response activities with national, state and local levels.

b. Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may activate an Epidemiology and Surveillance Branch and/or a Laboratory Services Branch under incident command, if needed. Otherwise the Communicable Disease Program and Laboratory Services Division will continue activities.

3) CDPHE, Communicable Disease Program will work to ensure that influenza surveillance activities are underway regardless of the time of year and that participating laboratories and sentinel providers are reporting data to CDPHE each week.

4) CDPHE, Communicable Disease Program will institute recommendations from CDC for any additional surveillance activities that should be undertaken, given the specific circumstances.

5) CDPHE, Communicable Disease Program will provide public and private healthcare providers with updated case definitions, protocols and algorithms to assist with case finding, management, infection control, surveillance and reporting.

6) CDPHE, Laboratory Services Division will subtype all influenza A viruses identified in clinical specimens and report any influenza A viruses that cannot be subtyped to CDC immediately.

7) CDPHE, Laboratory Services Division will ensure availability of diagnostic reagents for the novel influenza strain at key state laboratories as soon as possible.
8) CDPHE, Laboratory Services Division will provide reference laboratory support for other laboratories in the state to test suspected clinical specimens for influenza and identify novel strain.

9) CDPHE, CDA and DOW will recommend measures to reduce human contact with potentially infected animals.

c. Vaccines and Antiviral Drugs, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may activate an Immunization Branch and/or an SNS Branch under incident command, if needed. Otherwise, the Immunization Program and the SNS Program will continue activities.

3) CDPHE, Immunization Program will continue promoting vaccination with seasonal influenza vaccine to limit risk of dual infection in those most likely to be exposed to the animal virus (i.e., travelers).

4) CDPHE, Immunization Program will consider results and lessons learned from use in countries with cases and modify strategies for use of vaccines and antivirals, if applicable.

5) CDPHE, SNS Program and LPHAs will review and exercise SNS plans to identify gaps.

6) CDPHE, SNS Program and LPHAs will place hospitals, SNS-related clinics and warehouses on standby to be prepared to receive vaccines, antivirals and medical supplies, if available.

d. Healthcare and Emergency Response, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may activate a Medical Branch under incident command, if needed.

3) CDPHE will assess availability of personnel, supplies, and materials for infection control and clinical care of infected patients.
4) CDPHE will assist with developing contingency plans for response to an overload of health facilities with influenza patients; and identify alternative strategies for case isolation and management.

5) GEEERC Mortuary Services Subcommittee will continue to work on mass fatality planning including: retrieval, storage and disposition of bodies, death certificates, next of kin notification, etc.

6) CDPHE will explore ways to provide drugs and medical care free-of-charge (or covered by insurance) to the patient and healthcare delivery system, in order to encourage prompt reporting of new cases.

7) CDPHE will continue to seek MOUs with emergency management, volunteer organizations, food distributions centers, etc to provide necessary supplies and food to those persons affected by community containment measures that CDPHE may potentially implement.

e. Communications and Outreach, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may coordinate public information efforts under incident command, if needed.

3) CDPHE Public Information Officers (PIO) will find or prepare materials for distribution to the public immediately and ongoing as needed.

4) CDPHE PIOs will notify local and tribal public health authorities, healthcare providers, other partner organizations/ stakeholders, and the public of change in pandemic alert status and known disease characteristics.

5) CDPHE PIOs will activate a JIS/JIC for public health messages to ensure that consistent, timely and accurate messages are delivered. Will participate in a state-level JIS/JIC if activated by CDEM.

6) CDPHE PIOs will remind institutions and organizations to implement contingency plans and measures to limit infection transmission in the workplace. Reassure that efforts will be made to limit adverse impact on movement of goods, services and people.
7) CDPHE PIOs, in conjunction with partner organizations, will review and update information materials for policy-makers, news media, healthcare workers and partners.

8) CDPHE PIOs will provide education to travelers and issue travel advisories, precautions, or restrictions, if warranted by disease epidemiology.

9) CDPHE PIOs will explain rationale and update public on all aspects of response and likely next steps, including possible containment efforts.

10) CDPHE PIOs, in conjunction with the CDHS - DMH will address the issue of stigmatization of individuals/families/communities affected by human infection or those stigmatized by association with potentially infected animals.

3. Phase 5 of the Pandemic Alert Period

- **WHO Phase 5**: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

  **Overarching Public Health Goals for Phase 5**: Maximize efforts to detect first travel-related case of novel influenza virus. Exercise preparedness plan to ensure readiness. Emphasize education about measures to contain or delay spread, to possibly avert a pandemic, and to possibly gain time to implement pandemic response measures.

  **a. Planning and Coordination, WHO Phase 5, HHS Stage 2**

    1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous Phases.

    2) CDPHE DOC may be activated at Level II.

    3) CDPHE ECG will notify government officials and legislators of pandemic alert status and reconfirm commitments of support.

    4) Incident Manager and Command Staff will assign other positions and branches, as needed, within NIMS/ICS structure.
5) CDPHE ECG and Command Staff will initiate, if not already ongoing, state agencies, bordering states, state/local/tribal public health and partners to coordinate and provide guidance on response actions and messaging.

6) CDPHE Command Staff will coordinate with CDEM, to implement the Pandemic Influenza annex of the SEOP.

7) CDPHE ECG will work with the Governor’s Office to prepare GEEERC-recommended Executive Orders that will support pandemic response activities.

b. Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous Phases.

2) CDPHE, Epidemiology and Surveillance Branch will provide public and private healthcare providers directly or through local health departments with updated case definition, protocols, and algorithms for case finding, management, infection control and surveillance.

3) CDPHE, Epidemiology and Surveillance Branch will review data from the affected area regarding effectiveness of treatment protocols and infection control measures. If necessary, will revise and distribute guidelines to appropriate healthcare entities.

4) CDPHE, Epidemiology and Surveillance Branch will continue to enhance surveillance efforts through:

   i. Increased frequency and comprehensiveness of HAN alerts and other electronic communications to ensure that Colorado providers and healthcare facilities are actively screening all patients with fever and respiratory illness for risk factors associated with the pandemic strain.

   ii. Testing of suspect cases to the extent possible based on availability of PCR testing and an accurate rapid diagnostic test.

   iii. Enhanced efforts, based on CDC guidance, to identify incoming ill airline passengers at DIA.

   iv. Investigate influenza outbreaks and increases in ILIs; taking into account the status of seasonal influenza activity.
3) CDPHE, Laboratory Services Branch will implement surge capacity plans for testing substantially more specimens than usual and encourage regional labs to do the same.

4) CDPHE, Laboratory Services Branch will follow CDC specimen triaging guidelines for testing and choosing which isolates to send to CDC.

5) CDPHE, Laboratory Services Branch will ensure compliance with standards for bio-safety in laboratories, and for safe specimen handling and shipment.

c. Vaccines and Antiviral Drugs, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE, Immunization Branch will consider results and lessons learned from use in countries with cases and modify antiviral and vaccination strategy and priority lists, if applicable.

3) CDPHE, Immunization Branch will continue to promote vaccination with seasonal influenza vaccine to limit risk of dual infection in people most likely to be exposed to the animal virus, and potentially decrease concurrent circulation of human strains.

4) CDPHE, Immunization Branch will assess effectiveness and feasibility of antiviral prophylaxis for the purpose of attempting to contain outbreaks.

5) CDPHE, SNS Branch will confirm plans for vaccine/antiviral distribution and accelerate preparations for point of dispensing activation, if vaccine/antivirals become available.

d. Healthcare and Emergency Response, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE and GEEERG will work with the Governor’s Office to review and prepare final guidance for implementation of community containment measures. Guidance will be modified, as appropriate.
3) CDPHE, Medical Branch will use situational awareness and lessons learned from previously affected areas to provide guidance for changes in healthcare delivery and community support.

4) CDPHE, Medical Branch will continue to support Healthcare Coalitions and provide assistance, as needed, with finalizing triage and transport mechanisms.

5) CDPHE, Medical Branch will work with CDEM to coordinate and place local emergency managers on stand-by to activate surge trailers and locate medical equipment and supplies for surge capacity.

6) CDPHE, Medical Branch will coordinate available bed capacity through EMS system for patients with new influenza subtype infection requiring isolation and clinical care.

7) CDPHE, Medical Branch, in conjunction with the Local Public Health Agencies or other appropriate local/regional designee, will confirm chains of command and procedures for inpatient and outpatient care, triage and transport.

8) CDPHE Volunteer Coordinator will place volunteers within the CPHMVS on stand-by for surge-capacity at healthcare facilities and points of dispensing.

9) CDPHE, Mortuary Services Branch will be put on stand-by for mass fatality coordination.

10) CDPHE will finalize MOUs with emergency management, volunteer organizations, food distributions centers, etc. to provide necessary supplies and food to those persons affected by community containment measures that CDPHE may potentially implement.

e. Communications and Outreach, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE PIOs will notify the public, partners and media that a high likelihood of a pandemic exists. Explain response actions and potential containment strategies. Prepare audiences for imminent onset of pandemic activity.

3) CDPHE PIOs will review and update information materials for news media, public, health workers, partners and policy-makers.
4) CDPHE PIOs will prepare the public for the possibility of a pandemic while providing information about containment efforts. Reassure that no domestic cases have been seen. Review actions that reduce likelihood of influenza exposure and limit influenza transmission.

5) CDPHE PIOs will remind institutions and organizations to implement continuity plans and measures to limit infection transmission in the workplace. Reassure that efforts will be made to limit adverse impact on movement of goods, services and people.

6) CDPHE PIOs will activate a JIS/JIC for public health messages to ensure that consistent, timely and accurate messages are delivered. Will participate in a state-level JIS/JIC if activated by CDEM.

7) CDPHE PIOs, in conjunction with CDHS-DMH, will continue to address the issue of stigmatization of individuals/families/ communities affected by human infection or those stigmatized by association with potentially infected animals.

F. Pandemic Period

1. Phase 6 of the Pandemic Period

   o WHO Phase 6: Pandemic increased and sustained transmission in general population.

   o HHS Stage 3: Widespread human outbreaks in multiple locations overseas

   o HHS Stage 4: First human case in North America

   o HHS Stage 5: Spread throughout the United States

Overarching Public Health Goal for Phase 6, Stages 3, 4 and 5:
Minimize the impact of the pandemic.

a. WHO Phase 6, HHS Stage 3

Continue Phase 5 activities.
b. WHO Phase 6, HHS Stages 4 and 5

1) Planning and Coordination, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE will send a HAN message regarding the status of the pandemic alert, the potential need for additional resources, interventions and the use of emergency power to all relevant government departments at state, county and municipal level. All emergency groups must be ready to escalate their response at a moment’s notice.

iii. CDPHE ECG will re-ensure highest levels of political commitment for ongoing and potential intervention/countermeasures.

iv. CDPHE ECG, based on information learned by affected areas, will finalize adjustment of official guidelines and recommendations.

v. IM will convene the ECG and Command Staff regularly and meet with partners and stakeholders to review and be prepared to fully activate the CDPHE Internal Emergency Operations Plan.

vi. CDPHE DOC will be fully activated at Level I and will coordinate with CDEM for full activation of the MACC and Pandemic Influenza annex of the SEOP.

vii. CDPHE ECG will work with Governor’s Office and CDEM to prepare GEEERC-recommended Executive Order for potential state declaration of emergency and any additional Executive Orders that will support pandemic response activities.

2) Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE, Epidemiology and Surveillance Branch will track the progression of the influenza pandemic in the state. Initially, case-based surveillance will be conducted in hospitals along with limited contact tracing and
monitoring. However, once evidence of ongoing person-to-person transmission in the state is confirmed, this activity will cease.

iii. CDPHE, Epidemiology and Surveillance Branch will conduct surveillance for morbidity and mortality in Colorado and identify population groups at increased risk for more severe disease, complications or death. After the initial start of the pandemic, individual cases of influenza-associated hospitalization will shift to reporting of aggregate numbers of influenza-associated hospitalizations and deaths. See Attachment 6b: Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths.

iv. CDPHE, Epidemiology and Surveillance Branch will monitor for emergence of the second pandemic wave and/or shifts in the pandemic strain.

v. CDPHE, Epidemiology and Surveillance Branch will prepare regular reports of numbers and rates of new and cumulative influenza-related hospitalizations and deaths.

vi. CDPHE, Epidemiology and Surveillance Branch will continue to evaluate the effectiveness of the measures to contain the new influenza virus elsewhere and consider any new guidance from CDC/WHO.

vii. CDPHE, Laboratory Services Division will continue testing many suspected influenza specimens as possible via RT-PCR. Once confirmed that the pandemic has reached Colorado, RT-PCR testing will be prioritized based on recommendations from CDC and availability of laboratory resources.

3) Vaccines and Antiviral Drugs, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE, Immunization Program will continue ongoing assessment of the impact of vaccination and antiviral programs used elsewhere (safety, efficacy and antiviral resistance).

iii. CDPHE ECG and GEEERC will review and revise, as needed, priority groups and strategies for vaccine and antiviral distribution.
iv. CDPHE, SNS Branch and LPHAs will fully implement SNS plan for distribution and dispensing as soon as vaccine is available.

v. CDPHE will recommend usage of antivirals, if effective and available, for either early treatment of cases or antiviral prophylaxis for close contacts of cases based on risk assessment and severity of illness.

4) Healthcare and Emergency Response, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE Outpatient Clinic Unit will activate and reconfirm arrangements with the Colorado Community Health Network and Colorado Rural Health Centers to provide surge capacity as outpatient treatment centers.

iii. CDPHE and GEEERC will work with the Governor’s Office to review and issue final guidance for implementation of community containment measures. Guidance will be modified, as appropriate.

iv. CDPHE will continue to seek ways to provide support to those persons affected by social distancing or quarantine measures in response to a pandemic.

v. CDPHE will work with volunteer organizations, food distribution centers, etc to ensure that people restricted by isolation and quarantine procedures, as well as people who are normally homebound, are being provided with necessary supplies and food.

vi. CDPHE Volunteer Coordinator, in conjunction with CDEM, LPHAs and local emergency managers will activate the CPHMVS and coordinate/manage volunteers to provide public health and medical surge capacity statewide.

vii. CDPHE, Mortuary Services Branch will reconfirm and activate planning arrangements for mass fatality management procedures.

viii. CDPHE, in conjunction with CDEM, will place organizations with MOUs on stand-by for distribution of emergency supplies and food to persons affected by CDPHE-recommended community containment measures.
5) Communications and Outreach, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE PIOs will hold regularly schedule media briefings regarding response activities, status of the pandemic, potential interventions and actions the public can take to protect themselves.

iii. CDPHE PIOs will review key messages and emphasize need to comply with public health measures despite their possible limitations.

iv. CDPHE PIOs will reinforce education on how to provide home healthcare to sick family members and where to receive outpatient care for influenza-related symptoms.

v. CDPHE PIOs will inform public about interventions that may be modified or implemented during a pandemic, e.g., prioritization of healthcare services and supplies, travel restrictions, gathering restrictions, shortages of basic commodities, etc.

c. WHO Phase 6, HHS Stage 6

   o HHS Stage 6: Recovery and preparation for subsequent waves

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1) Planning and Coordination, WHO Phase 6, HHS Stage 6

CDPHE ECG and Command Staff will:

i. Assess coordination during period of pandemic disease and revise response plans, as needed.

ii. Implement after-action review of pandemic response activities.

iii. Assess resources and authorities that may be needed for subsequent pandemic waves.

iv. Declare end of emergency command and control operations, states of emergency, etc.
v. Support rebuilding of essential services, including rotating rest and recuperation for staff.
vi. Review Basic Plan and Pandemic Influenza Annex and its attachments based on experiences for modification and revisions.
vii. Address psychological impacts on workforce and the public.
viii. Acknowledge contributions of all stakeholders (including the public) and essential staff towards fighting the disease.

2) Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 6, HHS Stage 6

CDPHE, Communicable Disease Program will:
i. Estimate overall pandemic health impacts including mortality and severe morbidity.
ii. Continue enhanced domestic surveillance to detect further pandemic waves.
iii. Evaluate resource needs for subsequent waves if they occur.
iv. Assess the effectiveness of surveillance and control activities used up to this point and decide what measures to employ for subsequent pandemic waves.
v. Report current status to the CDC and HHS, as appropriate.
vi. Adjust case definitions, protocols and algorithms.
vii. Review lessons learned, and share with CDC and HHS.

3) Vaccines and Antiviral Drugs, WHO Phase 6, HHS Stage 6

CDPHE, Immunization Program will:
i. Access vaccine coverage, effectiveness of targeting priority groups, and efficiency of distribution and administration; determine number of persons who remain unprotected.
ii. Review effectiveness of treatments and countermeasures; update guidelines protocols and algorithms.
iii. Evaluate antiviral efficacy, safety and resistance date; review/update guidelines as necessary; assess supply for subsequent waves(s).
iv. Assess vaccine coverage to date in Colorado
v. Determine vaccine efficacy and safety and review/update guidelines as necessary.
vi. Begin vaccination of persons not yet immunized in line with vaccine prioritization plans.
CDPHE, SNS Program, in conjunction with LPHAs, will:

vii. Continue with any vaccination or antiviral distribution, as needed, in line with plans, prioritization and availability.

viii. Conduct after action planning to identify gaps, bottlenecks and areas for improvement.

ix. Revise SNS distribution plans.

4) Healthcare and Emergency Response, WHO Phase 6, HHS Stage 6

i. CDPHE will assess effectiveness of healthcare and “service delivery” during prior pandemic phases and revise plans, as needed.

ii. CDPHE will ensure that overworked staff has opportunities for rest and recuperation.

iii. CDPHE will work with Colorado State Employee Assistance Program to ensure mental health services and counseling is available to CDPHE staff.

iv. CDPHE will restock internal stores of medications and supplies; service and renew essential equipment.

5) Communications and Outreach, WHO Phase 6, HHS Stage 6

CDPHE, Office of Communications will:

i. Announce the end of the current pandemic wave.

ii. Assess effectiveness of communications during prior pandemic phases and revise plans, as needed.

iii. Communicate with healthcare providers, the media, and the public about the likely next pandemic wave.

iv. Publicly address community emotions after the pandemic.

v. Ensure awareness of uncertainties associated with subsequent waves.

G. Administration and Finance

As soon as CDPHE activates response activities, fiscal staff will commence the following according to CDEM and Federal Emergency Management Agency (FEMA):

1) Track CDPHE personnel time and funding sources in Kronics.
2) Track costs of all pandemic-related supplies, material, equipment (purchased or rented), space rented, etc and their funding sources using approved FEMA Forms.

3) Assess need for additional funding of costs associated with pandemic response.

VI. Annex Maintenance

CDPHE’s Internal Pandemic Influenza Program Managers group will review this annex and the EPRS Planning Unit will make revisions. The annex will be updated at least annually or after exercises, an emergency or relevant HHS/WHO guidance.

Trainings on this annex are available upon request for any agency or organization. At a minimum, refresher training or an exercise will be conducted for CDPHE staff annually.
Attachment 7

Community Containment Measures, Including Non-Hospital Isolation and Quarantine

At the federal level, the Secretary of the U.S. Department of Health and Human Services (HHS) HHS has statutory responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States. HHS will set guidelines for international travel restrictions and issue recommendations for isolation, quarantine, or other community containment measures. The only international airport in Colorado is under the quarantine jurisdiction of the City and County of Denver. At the state level, the Colorado Department of Public Health and Environment (CDPHE) has the authority to isolate or quarantine persons, groups of people, or buildings in Colorado; and at the recommendation of the Governor’s Expert Emergency Epidemic Response Committee (GEEERC), limit or close public gatherings and restrict movement of people. See Attachment 2 – Public Health Powers and Attachment 3 – GEEERC Draft Executive Orders.

The initial response to the emergence of a novel influenza viral subtype that is spread between people should focus on containing the virus at its source, if feasible, and preventing a pandemic. Simply put, the most effective way to prevent person-to-person spread would be to keep the people who are infected with the virus away from the people who are not infected. However, it usually is not possible to completely separate these groups when influenza is involved, because people can be contagious before they know they are infected. Containment measures may only slow the spread of influenza instead of completely stopping it, but this may allow time for the development or arrival of an effective vaccine, or for antiviral prophylaxis. The less efficiently the virus is transmitted from one person to another, the more effective the containment strategies are likely to be.

Containment strategies range from those affecting individuals (e.g., isolation of patients) to measures that affect groups or entire communities (e.g., monitoring of contacts, cancellation of public gatherings). Guided by the current epidemiological data, Colorado state and local public health will implement the most appropriate of these measures to maximize impact on influenza transmission and minimize impact on individual freedom of movement. Consideration will be given to all impacts of recommended measures and to the scientific basis of such recommendations. HHS will provide assistance to the states and localities, as requested, including sharing the experiences of others and providing advice on decision-making as the situation evolves.

The following table outlines the various containment interventions that public health may recommend, a description of the intervention and what type of surveillance that would be used to monitor it’s effectiveness. Guidelines for implementation are currently under development.
## INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES

<table>
<thead>
<tr>
<th>Containment Intervention</th>
<th>Guidelines for Implementation</th>
<th>Description of Intervention Type of Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness Planning</td>
<td>Under Development To be used during: Inter-pandemic: Phases 1 &amp; 2 (Stage 0); Pandemic Alert: Phases 3, 4, 5 (Stages 0, 1, 2); and Pandemic Period: Phase 6, Stage 3 (Pandemic still overseas)</td>
<td>Prepare to respond when a novel influenza virus is found. Education of the public about the possibility and rationale for containment strategies at this stage will be key to the future success of containment measures. Work with potential partners to set up various procedures for containment.</td>
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<td>1. Identify and engage public health, healthcare personnel, transportation workers, and law enforcement in preparedness planning and containment exercises.</td>
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<td>2. Identify potential isolation and quarantine facilities.</td>
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<td>3. Plan for setting up influenza clinics, influenza telephone hotlines, and other community triage efforts.</td>
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<td>4. Establish procedures for medical evacuation and isolation of quarantined persons.</td>
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<td>5. Develop educational materials to prevent stigmatization and provide mental health services to persons in isolation and quarantine as well as other affected persons.</td>
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<td>6. Establish procedures for delivering medical care, food, and services to persons in isolation and quarantine.</td>
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<td>7. Develop protocols for monitoring and enforcing quarantine measures.</td>
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<td>8. Ensure legal authority and procedures for various levels of containment.</td>
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<td>9. Establish procedures for issues related to employment compensation and job security.</td>
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<td>10. Recommend standard infection control measures, hand washing, and cough etiquette for cases of seasonal influenza.</td>
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### ISOLATION AND QUARANTINE OF INDIVIDUALS OR SMALL GROUPS

| Patient Isolation | Under Development Pandemic Period; Phase 6, Stage 4: First human case in North America | Isolation is the separation and restriction of movement or activities of person(s) known to have the novel influenza virus, for the purpose of preventing transmission to others. It also allows for focused delivery of specialized health care. Ill persons are usually isolated in a hospital, but may be isolated at home or in a designated community-based facility, depending on their medical needs. |
|                   |                                               | Anyone coming in contact with an ill person in a hospital or community-based facility setting will be required to wear personal protective equipment and to avoid bringing the virus out of the isolation area. Healthcare staff must ensure appropriate isolation procedures are followed in healthcare settings. Provide public information about appropriate isolation procedures in home settings. |
|                   |                                               | Surveillance would be increased with additional laboratory testing of possible cases. |
# INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES

<table>
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</tr>
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</table>
| Potentially Exposed Persons | Under Development               | Quarantine is the separation and restriction of movement or activities of persons who are not ill but may have been exposed to the novel influenza. The main goal is to keep these people from infecting others. People are usually quarantined in their home, but they may also be quarantined in community-based facilities. Ideally, contacts should be identified and quarantined within 48 hours (the average incubation period for human influenza). This could involve people who were at a gathering in an enclosed area with a contagious person, such as on a bus or airplane. It could also involve people who were in a laboratory when exposure to a specimen could have occurred. People are usually quarantined in their home, but they may also be quarantined in community-based facilities. For effective isolation or quarantine, the following essential services need to be provided:  
  - Food and water  
  - Shelter  
  - Medicines and medical consultations  
  - Mental health and psychological support services  
  - Other supportive services (e.g., day care)  
  - Transportation to medical treatment, if required. People who are restricted by isolation or quarantine orders will be able to call the Colorado Health Education Line for the Public (COHELP line) at 1-877-462-2911 for assistance. People at that number will be able to refer them to the appropriate groups. Callers will be referred to appropriate resources. Anyone coming in contact with the person(s) in quarantine would be required to wear personal protective equipment and to avoid bringing the virus out of the area of quarantine. Covering of coughs and frequent hand washing will be encouraged of everyone. **One of three types of monitoring of quarantined persons will be performed:**  
  1. **Passive Monitoring**—recommended when the risk of exposure and subsequent development of disease is low, and the risk to others if recognition of the disease is delayed is also low. The contact is asked to perform self-assessment for symptoms at least twice daily and to contact... |
## INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES

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<tbody>
<tr>
<td>2. <strong>Active Monitoring without Explicit Activity Restrictions</strong> - recommended when the risk of exposure to and subsequent development of disease is moderate to high, resources permit close observation of individuals, and the risk of delayed recognition of symptoms is low to moderate. A healthcare or public health worker evaluates the contact on a regular (at least daily) basis by phone and/or in person for signs and symptoms suggestive of disease.</td>
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<tr>
<td>3. <strong>Active Monitoring with Activity Restrictions</strong> – recommended in situations in which the risk of exposure and subsequent development of disease is high and the risk of delayed recognition of symptoms is moderate.</td>
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<td>The contact remains separated from others for a specified period, during which s/he is assessed on a regular basis (in person at least once daily) for signs and symptoms of disease. Persons with early symptoms require immediate evaluation by a trained healthcare provider. Restrictions may be voluntary or legally mandated; confinement may be at home or in an appropriate facility.</td>
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<tr>
<td><strong>Same as above, but the person provides essential services such as healthcare or emergency management.</strong></td>
<td><strong>Under Development</strong> Working Quarantine of Potentially Exposed Persons</td>
<td><strong>Under Development</strong> The contact is permitted to work but the worker must observe activity restrictions and appropriate monitoring while off duty. Monitoring for fever and other symptoms while at work is required along with the use of appropriate personal protective equipment.</td>
</tr>
<tr>
<td><strong>Targeted Chemoprophylaxis of Disease Clusters</strong></td>
<td><strong>Under Development</strong> Pandemic Period: Phase 6, Stage 3-5, First human case in North America to “most to all local cases are either imported or have clear epidemiologic links to**</td>
<td>This intervention includes investigation of disease clusters, administration of antiviral treatment to persons with confirmed or suspected pandemic influenza, and provision of drug prophylaxis to all likely exposed persons in the affected community. CDC will assist state health departments in these efforts, as needed. Targeted chemoprophylaxis also requires intensive disease surveillance to ensure coverage of the entire affected area, effective communication with the affected community, and rapid distribution and administration of antivirals because they are most effective when provided within 48 hours of symptom onset or when used as post-exposure prophylaxis before onset of illness.</td>
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**INDIVIDUAL AND COMMUNITY Containment MEASURES**

<table>
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<th>Guidelines for Implementation</th>
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<td>other cases” or “with increased occurrence of influenza among their close contacts.” This category can include both cases and a group or groups of people who may have been exposed to the cases.</td>
<td>This intervention is most effective when there is reason to think that this entire group of people has been separated from the general public, such as being geographically separated from other people in the state.</td>
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</table>

**ISOLATION AND QUARANTINE OPTIONS FOR LARGER GROUPS OR COMMUNITIES**

**Focused Measures to Increase Social Distance**

- **Under Development**
- **Pandemic Period, Phase 6, Stage 5:** Sustained novel influenza transmission in the area with a large number of cases without clearly identifiable epidemiologic links to other cases or with increased occurrence of influenza among their close contacts.
- Restrictions on exposed persons are considered insufficient to prevent further spread within an entire community.

These interventions can be applied to large groups or to an entire community or region. They are designed to reduce personal interactions and thereby risk of disease transmission. Some options are:

- Canceling of events (concerts, movie theaters, etc.)
- Canceling school
- Canceling church services and activities
- Shutting down or limiting mass transit
- Declaring “snow days” (e.g., asking everyone to stay home and closing “non-essential” businesses, schools, churches etc. “Non-essential” means those facilities that do not maintain primary functions in the community.)

Everyone will be encouraged to be especially careful to wash their hands after any potential exposure to the novel influenza virus. Everyone in the involved area would be asked to avoid contact with other people (even supposedly well people) as much as possible. Covering coughs and frequent hand washing will be encouraged of everyone.
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<tr>
<td>Community-Wide Measures to Increase Social Distance</td>
<td>Under Development Pandemic Period, Phase 6, Stage 5: Same as above, but a larger area is involved.</td>
<td>Same as above, but on a larger scale to the level of whole neighborhoods, towns, or cities. May include establishment of designated fever or influenza clinics.</td>
</tr>
<tr>
<td>Coordinated Community and Business Closures</td>
<td>Under Development Pandemic Period, Phase 6, Stage 5: Same as above, but with a large percentage of essential personnel involved, or if influenza transmission is occurring very rapidly.</td>
<td>Voluntary measures (possibly mandatory) that coordinate simultaneous closure of offices, schools, transportation systems and other non-essential community activities, services and businesses for a specified period of time. All non-essential service personnel and community members are urged to stay at home. The rationale is to keep people from contacting any more people than absolutely necessary, thereby reducing disease transmission. Wearing of personal protective equipment may be recommended for everyone who goes outside of the home.</td>
</tr>
<tr>
<td>Widespread Community Quarantine</td>
<td>Under Development Same as above</td>
<td>A legally enforceable order restricting movement into or out of the area of quarantine may be obtained. When applied to all inhabitants of an area, it is call “cordon sanitare” (sanitary barrier).</td>
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# Colorado State Emergency Operations Plan

## Base Plan

### Executive Summary

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Annex IV  Terrorism Law Enforcement & Investigation
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Annex XII  Chemical Stockpile Emergency Preparedness Plan
Annex XIII  Public Assistance Plan (under separate cover)
Annex XIV  Continuity of State Government Plan (under separate cover)
Annex XV  Resources Mobilization Plan (under separate cover)
Public Health and Medical Services
Emergency Support Function #8
Colorado State Emergency Operations Plan

LEAD AGENCY: Colorado Department of Public Health and Environment (CDPHE)

SUPPORT AGENCIES: Supporting State Departments: Agriculture; Education; Healthcare Policy and Financing; Higher Education; Human Services; Law; Local Affairs; Military and Veteran Affairs; Personnel and Administration; Public Safety; Regulatory Agencies; Transportation; Volunteer of America, Red Cross, Salvation Army, professional associations, and the private sector.

I PURPOSE

Emergency Support Function #8 – Public Health and Medical is responsible for supporting the public health and medical needs of local government for victims of an incident, whether natural or man-made, including response to an emergency epidemic.

II SCOPE

The scope of ESF #8 identifies and outlines the areas of support to local public health, Indian tribal nations and healthcare facilities providing care to victims of an incident. This will encompass human health surveillance, intervention and control; environmental health assessment and technical support; and, medical care resource evaluation of hospital beds, EMS transport and pharmaceuticals. Supplemental assistance occurs for:

A. Emergency epidemics or the threat of an emergency epidemic
B. Disease surveillance, intervention or control
C. Chemical, biological and radiological analysis with technical support for the control of exposure to hazardous materials related to water quality, air pollution or food
D. Medical care surge support for personnel, medical equipment and supplies (via the Strategic National Stockpile) and mass casualty response planning

III POLICIES

A. The Colorado Department of Public Health and Environment (CDPHE) is the lead Department for coordinating ESF #8 preparedness, response, recovery and mitigation activities. This department is committed to protecting and preserving the health and environment of the people of
Colorado.

B. The Executive Director of CDPHE has the responsibility of activating this department to coordinate all ESF #8 response actions consistent with the CDPHE’s internal policies, procedures and emergency response plan.

IV PLANNING ASSUMPTIONS

Actions carried out by ESF #8 are grouped into the four phases of emergency management: preparedness, prevention, response, and recovery. Each phase requires specific skills and knowledge to accomplish and requires significant cooperation and collaboration between all supporting agencies and the intended recipients of service. This Emergency Support Function encompasses a full range of activities from education to the provision of field services. It also functions as a coordinator and, at times, assumes direct operational control or provided services. The following services provide the framework upon which actions will occur:

A. Human Health

1. Biological Agent and Laboratory Diagnostics
2. Disease Surveillance and Outbreak Management
3. Disease Prevention and Mass Prophylaxis
4. Emergency Medical Services and Medical Transport
5. Healthcare Facilities and Alternative (Surge) Care Sites
6. Mass Fatality and Death Certificates
7. Pharmaceuticals and Strategic National Stockpile Reception

B. Environment

1. Air Quality Analysis and Reporting
2. Chemical Hazard Spills and Response
3. Environmental Assessment and Laboratory Diagnostics
4. Food and Drug Quality and Protection
5. Hazardous and Solid Waste Identification and Disposal
6. Radiological Hazards – Stationary and Mobile sources
7. Vector and Vector borne Disease Control
8. Water Supplies and Treatment Facilities and Waterways

C. Preparedness Actions

1. Actions and activities that develop health and medical response capabilities may include planning, training, orientation sessions, and exercises for ESF #8 (i.e., State, Region, and County). Such activities will include:
a. Updating public information guides for public health hazards

b. Guiding local planning for pandemic response mass prophylaxis clinics

c. Developing and implementing mass casualty planning and response exercises with local partners

d. Providing guidelines for mass fatality incidents

e. Tracking and training medical and public health volunteers

f. Training of dispatch and hospital emergency departments on web-based communication tools for emergency department capabilities for emergency response and inpatient bed tracking.

2. Actions and activities that develop environmental health response capabilities may include planning, training, and orientation for ESF #8 (i.e., State, Region, and County). Such activities include:

a. Training on the reporting procedures for local responders of hazardous materials incidents, particularly when waterways, chemical plumes or domestic food supplies are involved

b. Providing guidance and technical support for exercises involving radioactive material

c. Interacting with local response training or exercises involving laboratory diagnostic support of environmental sampling, particularly related to terrorism threats involving biological agents

D. Prevention Actions

1. Geographical Information System (GIS) maps of acute care hospitals, assisted living facilities, food processing plants, waterways and water supply facilities

2. Databases of regulated facilities, including hospitals, food warehouses, water treatment facilities and facilities with hazardous materials

3. Communication system with hospitals and local public health agencies for health alerts and information exchange during events
E. Response Actions

Coordinate operations of the ESF #8. CDPHE will consult with the appropriate organizations to determine the need for support in the following areas:

1. Assessment of public health and medical needs associated with disease outbreaks, environmental contaminants and healthcare system infrastructure

2. Health surveillance of exposures, disease cases or injuries

3. Medical care personnel capacity and capabilities

4. Health/Medical equipment and supplies requests, and reception and distribution of the Strategic National Stockpile (SNS)

5. Technical assistance Patient evacuation coordination planning

6. Patient care support planning for inpatient hospital care and outpatient services to victims who are seriously ill or injured.

7. Safety and security of human drugs, biologics, medical devices and veterinary drugs, etc. that are regulated by CDPHE

8. Blood and blood products availability monitoring

9. Safety and security of food products intended for human consumption, including integrity of packaging and temperature

10. Coordinate and collaborate with agriculture safety and security activity as related to animals, animal feed and therapeutics intended for human consumption

11. Guidance to responder safety related to exposures to infectious diseases, chemical or radiologic agents

12. Assess exposures of the general population and high risk populations

13. Coordinate with the Department of Human Services, Mental Health Services as the lead agency for behavioral health care during emergency events

14. Provide public health, disease, and injury prevention information for the general public who are located in or near areas affected
15. Assist in the assessment of the threat for vector-borne diseases

16. Coordinate with ESF #3 – Public Works and Engineering, and ESF #10 – Oil and Hazardous Materials Response, in assessing potable water, waste water, solid waste disposal and other environmental health situations

17. Provide technical support for mass fatality and the death certificate process

F. Recovery Actions

Maintain Support of the Disaster Field Office during recovery for the following:

1. Disease Surveillance – Monitor for vector borne and zoonotic diseases, water borne, airborne and human-to-human disease transmission; provide technical support for intervention and control measures (which may include public information)

2. Food Safety – Technical support and regulatory monitoring of food intended for human consumption. This includes: food preparation facilities, food storage and warehousing facilities and dairy farms

3. Health Facility and EMS Care – Monitoring the status of bed capacity, facility capabilities and supplies; provide technical support for re-establishing standard operations

4. Water Quality - Technical support and laboratory diagnostics for re-establishing safe drinking water and proper waste water disposal

5. Waste Disposal – Technical support and regulatory monitoring for the assessment and proper disposal of solid and hazardous waste

V CONCEPT OF OPERATIONS

ORGANIZATION

General
The Colorado Department of Public Health and Environment (CDPHE) coordinate ESF #8, when activated. Once activated, the headquarters will be established at CDPHE and activities are coordinated through the department’s emergency operation center. During the initial activation, CDPHE will convene communication with local and tribal governments requesting State support to
discuss the situation and determine the appropriate response actions.

A. State

1. ESF #8 is organized in the Incident Command System format in order to assure a timely and appropriate response to an emergency/disaster situation for public health and medical assessments, planning, and support operations to the SEOC, regional coordinators, and local management of the event.

2. Procedural protocols and manuals governing staff operations are in place to enhance effectiveness. Public health and medical subject matter experts are consulted as needed; this includes the Governor’s Expert Emergency Epidemic Response. Committee (GEEERC) as defined in 24-32-2104(III)(d), CRS for major health threats constituting a potential or actual emergency epidemic.

3. In a large event requiring federal or mutual aid assistance, ESF #8 will work with counterparts from such entities to seek, plan, and direct use of those assets.

4. Throughout the response and recovery periods, ESF #8 will evaluate and analyze information related to: medical, health, and public health assistance requests; develop and update assessments of medical and public health status in the impact area; and, perform contingency planning to meet anticipated demands.

B. Regional

1. Regional staff may act as the initial point of contact for the lead agency and provide informational assistance until appropriate representatives arrive.

2. ESF #8 functions may be fulfilled by either a local public or environmental health agency or the Department of Public Health and Environment based on the jurisdiction and the anticipated tasks.

C. Local

Each county has an ESF #8 lead. The State will coordinate with the local lead and may designate a senior official to participate with the local entities requesting support at the field level. Communication will be maintained via radio, internet or other mechanism set up at the local level for the duration of the incident.
Organizational Responsibilities

A. Colorado Department of Public Health and Environment (CDPHE)

1. CDPHE enhances staffing immediately upon notification of activation for the potential or actual public health or medical emergency. The staff will support both the activities of the CDPHE department operations center and the request for support. CDPHE will consult with the appropriate organizations to determine the need for support according to the functional areas listed below:

a. Health Surveillance: CDPHE, in coordination with other State and local agencies, will enhance existing surveillance systems to monitor the health of the general population and special high-risk populations, carry out field studies and investigations, monitor injury and disease patterns and potential disease outbreaks, and provide technical assistance and consultations on disease and injury prevention and precaution.

b. Medical Personnel: CDPHE initiates the pre-registration and confirmation of medical volunteers credentials to support public health and medical activities at the local level. Coordination occurs with the local and regional public health and medical volunteer systems.

c. Medical Equipment and Supplies: CDPHE requests, receives and distributes the Strategic National Stockpile (SNS) for the state to provide medical equipment and supplies, including pharmaceutical and diagnostic materials, to jurisdictions in need.

d. Patient Evacuation: CDPHE may assist in coordinating the evacuation of patients to locations where hospital care is available. This may include coordinating the transfer of patients to the National Disaster Medical System.

e. Safety and Security of Human Drugs, Biologics, Medical Devices: CDPHE may review and respond to the concerns for the safety and security of human drugs, biologics, medical devices, and other products regulated by CDPHE.

f. Food Safety and Security: CDPHE may assess the safety and security of food products intended for human consumption, including integrity of packaging and temperature.
g. **Public Health Technical Assistance and Support:**
CDPHE will assist in the assessment of public health effects resulting from chemical, biological or radioactive agents. Such tasks may include assessing exposures of the general population and high risk populations; conducting field investigations, including collecting and analyzing relevant samples; and providing advice on protective actions related to direct and indirect exposures.

h. **Potable Water, Wastewater and Solid Waste Disposal:**
CDPHE, in coordination with ESF #3 – Public Works and Engineering, and ESF #10 – Oil and Hazardous Materials Response as appropriate, may assist in assessing potable water, waste water, solid waste disposal and other environmental health situations. This may include: conducting field investigations and laboratory analysis of relevant samples; providing technical assistance and consultation on potable water, wastewater and solid waste disposal issues.

i. **Mass Fatality and Mortuary Services:** CDPHE will provide technical support for mass fatality and the death certificate process during mass fatality events. This may include processing, preparation and disposition of remains and the timely issuance of death certificates for mass fatality events.

B. **Department of Agriculture**

1. Provide veterinary animal feed inspection and livestock disease surveillance

2. Work closely with CDPHE in potential or actual zoonotic-human disease outbreaks of significance. This will include:
   
   a. Intelligence information sharing
   
   b. Response operations for intervention and control measures
   
   c. Communication of risks and control measures for food products potentially contaminated and prepared for human consumption

3. Coordinate with CDPHE when irrigation waters or air may be contaminated and a potential threat to livestock, farming crops or human exposures
C. Department of Health Care, Policy and Finance

Coordinate with the CDPHE on Medicaid and Medicare issues related to pre-existing medical conditions of victims and for primary care that is not emergent care during response and recovery phases

D. American Red Cross

Coordinate disease surveillance, food safety and chile care set-ups with state or local public health agencies related to Red Cross victim housing facilities

E. Department of Military Affairs and Veterans Affairs

1. Identify possible resources for deployment that may support public health or medical operation needs. This may include:
   a. Transportation-logistics requests (ground and air) for patient movement or patient evacuation
   b. Security of medical facilities or transport of supplies
   c. Mass fatality response (recovery and transport)

F. Department of Public Safety

1. Provide general security for:
   a. Patient staging or evacuation points
   b. Mass prophylaxis site control
   c. Strategic National Stockpile reception and distribution

2. Provide assistance in the rapid transportation of samples for analysis
   a. Share intelligence information as appropriate during events
   b. Supply supporting agency aircraft to the CDPHE as needed

G. Colorado Coroners Association

1. Implement mass fatality plans
   a. Body recovery
   b. Proper handling of potentially contaminated bodies
   c. Proper burial procedures for conditions

2. Assist with timely death certificate issuance
H. Department of Human Services

1. Act as the lead agency for mental health support to victims and first responders

2. Oversee mental health response teams

3. Implement procedures to support mental health care particularly:
   a. Medication for the treatment of existing or new conditions of victims
   b. Hospital inpatient care

IV. FINANCIAL MANAGEMENT

The ESF #8 will work with the State logistics Section for the procurement of resources that CDPHE does not have, who will report such finances directly to the Finance Section of the SEOC. CDPHE will report financial matters related to existing resources procured during the event to the Finance Section of the SEOC. During a response, CDPHE will record and track its own expenditures and seek reimbursement from the appropriate resource after the event.

All requests for resources given the ESF #8 will be processed in accordance with CDPHE policy and protocols established by the State Emergency Operation Center.

Other Support Agencies
The Department of Public Health and Environment Coordinating Office shall encourage all supporting agencies to establish effective financial disaster response systems internally and share with them all directives received from the Division of Emergency Management, the Federal Emergency Management Agency or other sources.

VII. APPENDICES, ATTACHMENTS, ENCLOSURES

CDPHE defines annexes, appendixes, and attachments to this document as to further refine or define: roles and responsibilities; procedures; policies; specific subjects that might require different procedures, etc.

1. Strategic National Stockpile Plan
Pandemic Incident
Incident Annex I
Colorado State Emergency Operations Plan

Lead Division: Colorado Department of Public Health and Environment

Supporting Agencies: American Red Cross, Colorado Voluntary Organizations Active in Disaster, Department of Agriculture, Department of Higher Education, Department of Human Services, Department of Military and Veteran Affairs, Department of Personnel Services, Department of Policy and Finance, Department of Public Safety, Department of Transportation, Department of Wildlife, Division of Emergency Management, and Salvation Army,

I. Purpose

A. The Pandemic Influenza Annex to the State Emergency Operation Plan establishes the strategy for implementing and coordinating response actions and outlines roles and responsibilities to an influenza pandemic with the overall goal of reducing mortality and morbidity and minimizing social disruption in Colorado.

B. An operationally specific Pandemic Influenza Plan exists within the Coordinating Agency portion in the Colorado Department of Public Health and Environment's (CDPHE) Internal Emergency Response Plan.

II. Scope

A. The response to a pandemic influenza event will follow many of the same steps as a response to other communicable disease outbreaks. Therefore, this incident-specific annex highlights areas that are specific to pandemic influenza and require additional consideration.

B. Colorado's definition of a Pandemic Influenza event follows the Centers for Disease Control and Prevention (CDC) definition, which states: "a novel strain of influenza virus emerges that has the ability to infect and be passed efficiently between humans. Because humans have little immunity to the new virus, a worldwide epidemic (pandemic) can ensue." An influenza pandemic requires planning and coordination at all levels of government because it has the potential to result in extraordinary levels of mass casualties, disruption in critical infrastructure and the economy, public morale, and/or government functions. An influenza pandemic could result in sustained impacts over a prolonged period of time; almost immediately exceeds resources normally available to State, local, tribal, and private-sector authorities; and significantly interrupt governmental operations and emergency services to such an extent that national security could be threatened.
C. The Colorado's broad objectives in responding to an influenza pandemic are:

1. Detect the event through disease surveillance and environmental monitoring;
2. Identify and protect the population(s) at risk;
3. Determine the source of the outbreak;
4. Quickly frame the public health and law enforcement implications;
5. Control and contain any possible epidemic (including providing guidance to local public health agencies);
6. Augment and surge public health and medical services;
7. Track and prevent any potential resurgence and additional outbreaks; and
8. Assess the extent of residual biological contamination and decontaminate as necessary.

D. The response relationship of the World Health Organization (WHO), in association with the U.S. Department of Health and Human Services (HHS) with the State of Colorado is outlined in the context of Colorado's response to an influenza pandemic.

III. Key Concepts

The key concept of this annex is to provide a systematic and coordinated response to a pandemic influenza event at the State and local level. The elements involved are: incident reporting and investigation; appropriate mobilization and response for the level of threat; and, coordinated communication for alerts, notifications and education.

IV. Legal Authority

A. CDPHE and local public health agencies (LPHA) have statutory authority to investigate and control causes of epidemic and communicable diseases affecting the public health in Colorado.

B. The Colorado Board of Health has the authority to require reports of such diseases to public health officials and public health officials in turn have access to medical records relating to these diseases.

C. CDPHE and LPHAs have statutory authority to establish, maintain and enforce isolation and quarantine and to exercise physical control over property and the persons within Colorado in response to disease events.

D. The Governor's Expert Emergency Epidemic Response Committee (GEEERC). The GEEERC was statutorily created in 2000 to develop a public health response to acts of bioterrorism, pandemic influenza and
epidemics caused by novel and highly fatal infectious agents. It is chaired by the CDPHE Executive Director and consists of 18 other statutorily designated people representing state agencies, public health officials, various health care professions and the Attorney General. The basic function of the GEEERC is to provide recommendations to the Governor of Colorado on reasonable and appropriate measures to reduce or prevent the spreading of disease.

E. As the Governor of Colorado has broad powers to meet the response needs of an emergency, the Governor may suspend any regulatory statute provisions, state agency orders, rules, or regulations that would prevent, hinder, or delay emergency response efforts. Based on this authority, the GEEERC has created several draft executive orders that could be signed by the Governor in order to facilitate response to a public health emergency.

V. Assumptions

Several features set pandemic influenza apart from other public health emergencies or community disasters. The following assumptions are made for such events:

A. It is assumed that this would be the same for a pandemic influenza virus. The typical interval between infection and onset of symptoms (incubation period) for influenza is two days. Susceptibility to the pandemic influenza virus strain will be universal. Persons who become ill may shed and can transmit infection for up to one day before the onset of illness and transmission is greatest during the first two days of illness. On average, infected persons will transmit the infection to two other people; children usually shed a larger amount of virus and are likely to pose the greatest risk to transmit the virus to others.

B. A pandemic influenza event is expected to have two waves, with each wave lasting six to eight weeks. The seasonality of a pandemic cannot be predicted with certainty but illness is expected to occur simultaneously throughout much of the U.S., preventing shifts in the human and material resources that usually exist in response to other disasters.

C. The clinical disease attack rate will be about 30% in the overall population, with be highest among school-age children (approximately 40%) and declining with age. Healthcare workers, public health workers, and other responders (i.e., law enforcement and fire fighters) may be at higher risk of exposure and illness than the general population.

D. The fatality rate may be 0.2 percent to 2.0 percent of those infected.
E. An average of 20% of working adults will become ill, potentially reaching 40% at the peak of the pandemic. Of those who become ill, approximately 50% will seek outpatient medical care. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.

F. Based on the above extrapolation for a severe pandemic, Colorado deaths for a pandemic influenza event are estimated to be approximately 29,956. The current average daily death rate in Colorado will increase from 80 per day to 347 per day. However, the death rate in Colorado will likely be smaller at the onset of the illness wave, rise steeply as the illness wave peaks and decrease at the end of the wave, modifying the daily rate slightly for the duration of each pandemic influenza event wave.

G. Communities must be prepared to rely on their own resources to respond to a pandemic influenza event. Effective prevention and therapeutic measures such as vaccine and antiviral agents may be delayed and, initially in short supply or not available.

H. Substantial public education regarding the need to target priority groups for vaccination and possibly for antiviral medication, and rationing of limited supplies is paramount to controlling public panic.

I. Adequate security measures must be in place while distributing limited supplies of vaccine or antiviral medication.

J. Note: Estimates are based on extrapolation from past pandemics in the United States using Colorado-specific census data in the Centers for Disease Control and Prevention (CDC).

VI. Concept of Operations

A. General

1. Planning for a pandemic influenza event is ongoing in the State of Colorado. The coordination between public health, healthcare providers, emergency management, agriculture, mental health, military, education, businesses, etc will contribute to an effective implementation of response activities, the delivery of health care, communications / notification and education.

2. Response to a pandemic will require an expansion of ongoing disease control activities and functions within the public health and medical communities.
3. Response is specific to the level of threat, following the WHO and HHS defined pandemic influenza threat levels. Each response level involves the activation of the following areas:
   a. Planning and Coordination;
   b. Surveillance, Investigation, and Protective Public Health Measures;
   c. Vaccines and antiviral drugs;
   d. Healthcare and emergency response;
   e. Communications and outreach.

4. The levels of threat and general response is defined as follows:
   a. Inter-pandemic Period – HHS Stage 0
      (1) WHO Phase 1:
          (a) No new influenza virus subtypes detected in humans but an influenza virus subtype may cause human infection and could be present in animals.
          (b) Action – Standard influenza pandemic planning and surveillance at the State, regional and local levels is occurring.
      (2) WHO Phase 2:
          (a) No new influenza virus subtypes detected in humans, however, a circulating animal influenza virus subtype poses a substantial risk of human disease.
          (b) Action – Standard influenza pandemic planning and surveillance occurs. Monitoring the risk of transmission to human begins. Reporting of pandemic-related information to public and partners, as appropriate occurs.
   b. Pandemic Alert Period – HHS Stage 0 or 1 (novel strain overseas)
      (1) WHO Phase 3:
          (a) Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
          (b) Action – Ensure rapid detection, notification and response for the first travel-related case of novel influenza in Colorado. Educate and train health professionals and the public regarding pandemic preparedness activities, realistic expectations of public health and actions they can take as the pandemic progresses.
c. Pandemic Alert Period – HHS Stage 2 (limited human cases overseas)
(1) WHO Phase 4:
   (a) Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
   (b) Action – Continue to ensure rapid detection, notification and response for the first travel-related case of novel influenza in Colorado. Continue to educate and train health professionals and the public regarding pandemic preparedness activities, realistic expectations of public health and actions they can take if the pandemic progresses.

d. Pandemic Alert Period – HHS Stage 2 (large clusters overseas)
(1) WHO Phase 5:
   (a) Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
   (b) Action – Maximize efforts to detect the first travel-related case of novel influenza virus in the State. Exercise preparedness plans to ensure readiness. Emphasize education on the measures to contain or delay spread to possibly avert a pandemic, and to possibly gain time to implement pandemic response measures.

e. Pandemic Alert Period – HHS Stage 3 (widespread human outbreaks overseas)
(1) WHO Phase 6:
   (a) Pandemic increased and sustained transmission in general population.
   (b) Action – Minimize the impact of the pandemic by continuing with Phase 5 activities.

f. Pandemic Period – HHS Stage 4 (first case in North America) and Stage 5 (spread throughout the U.S.)
(1) WHO Phase 6:
   (a) Pandemic increased and sustained transmission in the general population.
(b) Action – Minimize the impact of the pandemic by enhancing phase 5 activities and potentially activating additional disease control measures, as determined by the GEERC.

g. Pandemic Period – HHS Stage 6 (between pandemic waves)
   (1) WHO Phase 6:
      (a) Between pandemic waves or beginning of recovery. Preparation for subsequent waves should occur.
      (b) Action – Prepare for subsequent waves or begin recovery.

5. When CDPHE activates response activities, specific administrative and financial tasks will occur, in accordance with the State of Colorado fiscal requirements and the U.S. Federal Emergency Management Agency requirements.

VII. Ongoing Plan Management and Maintenance

CDPHE's Internal Pandemic Influenza Plan is reviewed no less than once per year and as frequently as necessary, based on exercises within Colorado and current information and guidance from WHO, HHS, and CDC. Appropriate revisions to this annex will subsequently occur.
Pandemic Influenza
Action Plan for Schools

August 2009
Before a Pandemic

Preparedness and Planning

Plan for communication with stakeholders

Plan for continuity of instruction via email, phone, etc.

Be sure to have updated and accurate emergency contact information for students and staff

Establish leadership team

Delegate tasks and assign responsibility, manage the situation

Create a plan

Identity essential staff functions and review district policies

Cross train staff

Work from home

Education and Prevention

Instruction on personal hygiene

Stay home if sick

Ensure stock of soap and sanitizer is readily available

Provide info and resources on current situation

Surveillance of students and staff for influenza-like symptoms

Educate on flu symptoms

Educate on public health reporting guidelines

If a case is confirmed, implement response portion of plan
Before a Pandemic
The first section, entitled “Before a Pandemic” focuses on education and prevention and preparedness and planning. The following are the main focus points included in the 1st section:

- Teaching parents, staff and students the importance of personal hygiene and ensuring that all classrooms, restrooms, and public areas are equipped with an adequate supply of soap and sanitizer.
- Education for parents and students regarding the symptoms of influenza and instruction to stay home when sick.
  - The school district may want to provide information and resources to parents, students, and staff regarding the current H1N1 influenza virus and what steps the school district is taking to safeguard its students.
- Creation of a Leadership Team to establish, implement and manage a pandemic plan. Members can include teachers, superintendent, nurse, and/or members of the school board.
  - The Leadership Team should work with other key stakeholders in the community, especially the local public health department, in order to integrate the school district’s pandemic plan in the community plan.
  - The members of the Leadership Team are responsible for delegating tasks, assigning responsibility and managing the situation. This can include developing a communications plan and designating a spokesperson to being responsible for all media inquiries.
  - It is important that all schools within the district are communicating the same message to the community, parents, students and staff. This also includes ensuring that parents, students and staff are aware of the district’s pandemic plan and understand the actions the district will take in the event of a pandemic.
  - The Leadership Team should also develop a plan for continuity of operations and instruction if there are large numbers of absenteeism among students and staff.
    - This can involve sending homework to sick students via the internet, phone, television, or postal service by having teachers create lesson plans in advance.
    - It is vital that the school district update all emergency contact information for its students and staff, especially addresses and phone numbers.
- The school district should identify and prioritize essential staff functions (payroll, IT, maintenance, etc.) and cross train staff in those areas, to ensure that if up to forty percent of its staff is absent; other employees are able to fulfill those roles.
- In addition, school districts should examine their current human resources policies and ensure that those policies take extended absences as the result of a pandemic into consideration. The school district should then communicate its sick leave and compensation policies to staff members. School districts should review vendor, contractor and supplier contracts to ensure that critical supplies or services will continue in the event of a pandemic.
- The school district should closely monitor its employees and students for influenza like symptoms and follow the reporting guidelines set forth by their local public health departments.
- If a case is confirmed, the school district should transition to the response portion of its pandemic plan.
During a Pandemic/Outbreak in School

Management

- Mobilize leadership team
- Communicate with staff, students, parents, and community
- Keep detailed log of decisions made and resources used

- Conduct daily briefings with Leadership Team to monitor information, make decisions, and communicate with partners, media, parents, etc.
- Alert parents that school has a confirmed case, implementing response plan.
- Alert staff to prioritize functions – ensuring deadlines are met, bills paid, etc.

- Have teachers plan their lessons in advance (3-4 weeks) so homework may be sent home with sick students.

Response

- Cleaning of school grounds and property as needed
- Emphasize personal hygiene
- Send students and staff home if sick
- Continue to monitor students and staff for flu symptoms

- Consider combining classes if large number of students and teachers are absent
- Communicate with local public health department

- Issue statement from school/health dept. with instructions on identifying symptoms, how to care for the sick, and how long sick should stay home before returning to school/work.

- Begin transition to recovery plan
During a Pandemic/Outbreak in School

The second section, entitled “During a Pandemic/Outbreak in School” focuses on the school district’s response to and management of a confirmed case of pandemic flu in the school. The following are the main focus points included in the 2nd section:

- The school district should begin a thorough cleaning of all school grounds and property and continue to monitor students and staff for influenza-like symptoms.
- Continuing to stress the importance of personal hygiene and communicating that all students and staff exhibiting influenza-like symptoms will be sent home is another step that schools can implement.
- If there are high numbers of absenteeism among students and staff, schools can consider the combination of classes or amending the traditional class day/schedule to ensure that students are still receiving instruction.
- The school district should issue a joint statement along with the local public health department detailing how to identify symptoms, how to care for the sick, and how long those who are sick should stay home before returning to work or school.
- The management section details the actions that the Leadership Team should implement in response to a confirmed case in the school.
  - The Leadership Team should alert staff to prioritize functions to ensure that basic needs and deadlines are met.
    - Teachers should be told to plan their lessons up to 4 weeks in advance so that homework may be sent home with sick students.
  - The Leadership Team should keep detailed records that document the decisions made and resources used throughout the duration of the outbreak.
  - The Leadership Team should conduct daily briefings to monitor information, make decisions and communicate with the community, the media, and parents.
    - This involves regular communication with parents, students, and staff regarding what steps the school is taking in response to the confirmed case.
  - The school district should continue its surveillance of students and staff, and when the number of sick individuals begins to decrease, it should shift to the recovery portion of the plan.
After a Pandemic

**Recovery**

- Sterilization of school grounds and property
- Communicate school reopening if needed
- Continue to monitor for illness
- Establish a "return to learning" program to get students back on track

  Stress the importance of personal hygiene

  Provide counseling to students and staff, if needed

**Management**

- Conduct a debriefing
- Assess lessons learned
- Damage assessment

  Update plan with any new information and transition back to the prevention and preparedness phase
After a Pandemic
The third section, entitled “After a Pandemic” focuses on the recovery efforts which detail the steps taken by the school district to get students and staff back onto a regular schedule once the threat of a pandemic begins to diminish. The following are the main focus points included in the 3rd section:

- Communicating to parents, staff, and students that it is safe to return to school.
- All school grounds and property should be sterilized and the school should continue to monitor its students and staff, since pandemics often occur in waves.
- The district should also establish a “return to learning” program to get students who have missed numerous days of instruction back on track.
  - This can involve establishing a daily schedule for students to follow and assigning specific homework to each student.
  - Counseling services may be provided to staff and students, if needed.
- The Leadership Team should conduct a debriefing of the situation.
  - This involves summarizing the events that took place and decisions that were made, and measuring the effectiveness of the pandemic plan.
  - From this, Leadership Team members can identify the strengths and weaknesses of the plan and incorporate those lessons them into an updated version of the school district’s pandemic influenza plan.
- After the plan is updated, the Leadership team should transition back to the prevention and preparedness phase and continue to monitor its students and staff for influenza-like illnesses.
Public Information
Colorado’s Preparations for a Pandemic Influenza Public Health Emergency

Questions and Answers

What is Colorado’s plan in the event of a pandemic influenza?

Colorado’s Pandemic Influenza plan is available on the Web site of the Colorado Department of Public Health and Environment http://www.cdphe.state.co.us/bt/HealthProviders/PandemicPlanDraft.pdf. In general, the plan is in place to support regions, counties, municipalities or other areas of the state in the event of a pandemic influenza. The state has provided funding through federal grants to help local public health agencies prepare their communities. It often is said that all disasters and all emergencies are local. If a pandemic influenza reached the state, it first would be identified in as few as a single locality. The state is prepared to activate and mobilize its resources to assist in locations as needed. In addition, in the event of a statewide pandemic, the state also can call on federal resources for assistance.

Who is in charge in Colorado in the event of a pandemic?

The governor has the ultimate authority. A 2000 state statute called for creation of a 22-member advisory committee, the Governor’s Expert Emergency Epidemic Response Committee, to advise the governor in the event of an emergency epidemic caused by bioterrorism, pandemic influenza or novel and highly fatal infectious agents or biological toxins. The committee already has developed a supplement to the Colorado State Emergency Operations Plan that was approved in 2001. The committee’s priorities include the following:

- protecting human life (highest priority)
- controlling the further spread of disease
- meeting the immediate emergency needs of people (specifically medical services, shelter, food, water and sanitation)
- restoring and continuing operations of facilities and services essential to the health, safety and welfare of people and the environment
- preserving evidence for law enforcement investigations and prosecutions

This committee of health and medical experts would be convened rapidly in the event of a disaster emergency, assess all available information and make recommendations to the governor.

Other than allocating state resources, what else can the Colorado governor do in the event of a pandemic?
The governor has the broad powers to meet an emergency. See C.R.S. § 24-32-2104(7). In any disaster, the governor may “suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders, rules, or regulations of any state agency, if strict compliance with provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency.”

The following executive orders have been drafted for the governor to use in a public health emergency. These orders are not in effect now; they would have to be signed by the governor at the time of the emergency.

Executive Order 0.0 - Declaring of a state of disaster emergency  
Executive Order 1.0 - Ordering hospitals to transfer or cease the admission of patients  
Executive Order 2.0 - Concerning the procurement and taking of certain medicines and vaccines  
Executive Order 3.0 - Concerning the suspension of certain statutes and regulations to provide for the rapid distribution of medication  
Executive Order 4.0 - Concerning the suspension of the physician and nurse licensure statues to respond to the current disaster emergency  
Executive Order 5.0 - Concerning the suspension of certain licensure statutes to enable more Colorado licensed physician assistants and emergency medical technicians to assist in responding  
Executive Order 6.0 - Concerning the isolation and quarantining of individuals and property  
Executive Order 7.0 - Ordering facilities to transfer or receive patients with mental illness and suspending certain statutory provisions to respond to the current disaster emergency  
Executive Order 8.0 - Concerning the suspension of certain statutes pertaining to presumptions of death and burial practices

**What is Colorado’s approach to anti-viral medications such as Tamiflu?**

There are more than 600,000 10-day treatments of Tamiflu reserved for Colorado through the Strategic National Stockpile. While the Colorado Department of Public Health and Environment is supporting local public health agencies that want to purchase additional antivirals at the federal contract price, the department has decided not to purchase additional courses of Tamiflu through the federal government for the following reasons:

- Any Tamiflu purchased through the federal contract must be used only to treat influenza; it cannot be used to protect the uninfected from getting influenza. Perhaps most importantly, there is little evidence regarding the effectiveness of Tamiflu in treating a novel pandemic influenza such as H5N1.
- Any Tamiflu purchased through the federal contract that is not used by the drug’s expiration date must be discarded and cannot be rotated.

In light of the above, Colorado will be purchasing a smaller quantity of Tamiflu apart from the government contract, so that there will be flexibility in having some pre-positioned antiviral drug available. This pre-positioned supply can be maintained without expiring and can be used to support local decisions about the most effective use of the drug in response to a pandemic or other influenza-related event.
How will antivirals such as Tamiflu be used in Colorado?

First, as directed by the federal government, the 600,000 10-day treatments available to the state from the national stockpile will be used to treat the sick in the event of a pandemic. These courses cannot be used to protect others from a possibility or likelihood of contracting the virus.

Second, the Tamiflu purchased directly by the state can be used to protect those individuals most at risk of contracting the virus. In the event of a pandemic, Colorado will use its Tamiflu to help protect individuals, such as health care workers, emergency response personnel and others, who are most directly responsible for working with the already sick and who, therefore, are most at risk of contracting and spreading the virus.

What should an individual do to prepare?

Be healthy. Be ready. Be informed. These simple statements represent three things all Coloradans should do to prepare for any emergency.

- **To be healthy,** people should practice basic self-care: Get plenty of rest, exercise and eat a balanced diet. Cover your cough. Wash your hands. Stay home if you are sick. Avoid large crowds in the event of a pandemic.
- **To be ready,** people should prepare a home emergency kit with food, water, medicine and first aid supplies to last about a week.
- **To be informed,** people should tune to radio and TV broadcasts and, if possible, view Internet Web sites of the Colorado Department of Public Health and Environment [http://www.cdphe.state.co.us/](http://www.cdphe.state.co.us/) and the U.S. Centers for Disease Control and Prevention [http://www.pandemicflu.gov/](http://www.pandemicflu.gov/) for all the latest developments.

How has Colorado used the federal funds received for emergency preparedness?

Colorado has received approximately $16 million to fund public health emergency preparedness activities this year. The majority of that money has been distributed to local health agencies to lead and support planning at the local level. The remaining funds are being used by the state to provide the state level preparedness capacity that is needed with any response. Colorado Department of Public Health and Environment also has received one-time federal funding of nearly $5.2 million to further enhance pandemic planning and preparations. Of these funds, $3.3 million has been awarded directly to local public health agencies.

Where can I go for other information to help me, my community and my household prepare for a possible pandemic emergency?

Please visit the following Web sites for additional information, fact sheets and questions/answers:

Colorado Department of Public Health and Environment [http://www.cdphe.state.co.us/bt/panflu.html](http://www.cdphe.state.co.us/bt/panflu.html)


READYColorado
http://www.readycolorado.com/

How many patients could be accommodated by Colorado’s health care system? What is Colorado’s “surge capacity” in the event of a pandemic?

Colorado has more than 10,000 hospital beds. Of those, only about 10 percent are available at any one time. In addition to the beds already in place through the state’s many health care providers, the state has an additional 6,500 emergency medical beds in strategic locations around the state. The issue in Colorado is not available beds; rather it will be medical personnel to staff the beds.

What steps is Colorado taking to help increase the number of medical staff members available?

The state has contracted with the Disaster Medical Assistance Team of Colorado to manage a statewide Colorado Public Health and Medical Volunteer System database. Marketing/public information efforts are underway to help attract additional volunteers to register in the database. The primary purpose of the effort is to have a single database of qualified/trained medical volunteers who can be called upon in the event of medical necessity. The system also will allow nonmedical volunteers to sign up for logistical or administrative support assistance.

Who decides when to close schools?

Ultimately, the Chief Medical Officer at the Colorado Department of Public Health and Environment is charged with recommending to the Governor when to close schools at a statewide level. However, local public health agencies and local mayors/county commissioners have the authority to do the same in their jurisdictions.

Will Colorado have a hotline number for people to call for information?

Yes, the CoHELP line at 1-877-462-2911. The Colorado Department of Public Health and Environment will work with CoHELP staff to provide updated information about any large-scale, health-related emergency such as pandemic influenza.
Guidelines for Education:
Planning for Pandemic Readiness

March 2007

http://www.cdphe.state.co.us/epr/Public/educationpanready.pdf

Abstract: This document is provided to Colorado’s education communities and others who have responsibility for readiness planning in their organizations. This document provides general information about planning for a pandemic. It will be reviewed regularly and updated as necessary.
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Guidelines for Education: Planning For Pandemic Readiness

INTRODUCTION

This document is designed to be a resource to educational institutions in planning for emergency disruptions, including but not limited to an influenza pandemic. Student, staff and community safety is always paramount. Remember to involve school or campus resource personnel, as well as external stakeholders, throughout the planning process. These guidelines are intended to assist you with your internal plan and to supplement other planning guides you already may have received.

IF YOU HAVE PRINTED THIS DOCUMENT, YOU CAN FIND THE WEBSITE ADDRESSES REFERENCED IN IT IN SECTION 6, RESOURCES.

ASSUMPTIONS

The following assumptions are provided for consideration when planning for a pandemic.

- Officials and experts do not know how long a pandemic could last. Communities may be affected in waves lasting between six and eight weeks that may continue for up to 18 months.
- In a mobile society infection will spread rapidly.
- State and federal laws may be modified, suspended or enacted in response to a pandemic.
- Healthcare resources likely will be stretched beyond capacity.
- Up to 40 percent of your workforce may be absent at one time.
- Social and economic disruption is likely.
- If infected, people may be ill for approximately two weeks.
- Susceptibility to the outbreak is universal.

SCOPE

This is not a plan. These guidelines are intended to provide direction and resources to educational communities in planning for an extended emergency, while remaining general enough to allow for flexibility.

SECTION 1: PLANNING AND COORDINATION

SECTION 2: CONTINUITY OF OPERATIONS

SECTION 3: INTERNAL/EXTERNAL COMMUNICATION

SECTION 4: PROTECTIVE HEALTH MEASURES AND NON-PHARMACEUTICAL INTERVENTIONS

SECTION 5: RECOVERY

SECTION 6: RESOURCES
SECTION 1: Planning and Coordination

A critical element of preparing to respond to any crisis situation is to identify the key positions within your organization that will make decisions during planning and throughout an event. It is essential that you develop a Planning Team. They will prepare your pandemic response and continuity plan, define the roles key positions will have in executing your plan, and work in communication and coordination with outside entities and key stakeholders. It also will be essential for you to define the scope for your planning, establish dates for completion, and develop guidelines for use by departments or schools in refining their own site-specific plans. Obtain buy-in from board or highest level to support planning efforts.

**Planning Team:** The make-up of your internal planning team depends on your available resources. Among others, this team should include, but not be limited to:

- Board representative
- Chancellor/Superintendent’s office
- Chief financial officer/controller
- Chief operations officer
- Environmental Health & Safety manager
- IT
- Legal advisor
- Nursing/health services
- Plant manager
- Public information officer/communications
- Risk manager
- Security
- Dining/housing/transportation
- Student/teacher/researcher/parent representative

**Collaboration/Planning:** Communication and coordination with local, regional and state emergency planning partners is essential. The following is a list of key stakeholders, potential resources and considerations.
• Your planning team should coordinate with other entities involved in emergency planning and pandemic response:
  ➢ Citizen Corps and other volunteer organizations
  ➢ Local public health (see the listing of local public health and environmental health agencies in Colorado [http://www.cdphe.state.co.us/as/locallist.asp])
  ➢ Colorado Office of Emergency Preparedness (for state colleges)
  ➢ Regional Emergency Management and Public Health representatives
    • See Attachment 1, Colorado All-Hazards Coordinator Contact List.
    • Link to local emergency managers and Colorado Department of Emergency Management field staff [http://www.dola.state.co.us/oem/localem.htm]
  ➢ Local and county emergency planning groups:
    • Fire department
    • Law enforcement
    • Local Emergency Planning Committee (LEPC)
• Involve your organization’s financial institutions.
• Develop a relationship with local medical providers and hospitals.
• Develop and maintain a current list of contact numbers for essential internal and external partners.
• Review and understand existing mutual aid agreements and local emergency operations plans (contact county emergency manager). Explore the need for additional mutual aid agreements, such as with Red Cross, volunteer organizations, volunteer fire department, transportation, etc.
• Review and/or define contracts and agreements with vendors and contractors to provide services during emergencies.
• Review school district or campus policies on disease control and response.
• Review/revise district/campus crisis management plans to include the pandemic response strategy.
• Train staff on the use of Incident Command System (ICS) and the National Incident Management System (NIMS), systems used in disaster response. [http://www.nimsonline.com/]
• Exercise emergency operations center activation/coordination, either your own or your county’s.
• Identify information resources.
• Conduct exercises and exercise your plans.

SECTION 2: CONTINUITY OF OPERATIONS

• Conduct a Business Impact Analysis of a pandemic on school district/institution using a scenario such as a 40 percent absentee rate of students and staff.
  ➢ Use business planning resources such as Guidelines for Business Pandemic Readiness [http://www.cdphe.state.co.us/bt/public/businesspanready.pdf]
• Conduct a Business Impact Analysis of a pandemic on each school and/or program (e.g., are data secure and accessible with a high rate of absenteeism? Are buildings and students secure?)
• Develop Continuity of Operations Plan (COOP) for entire district/institution based on the Business Impact Analysis.
  ➢ Use business planning resources such as Guidelines for Business Pandemic Readiness [http://www.cdphe.state.co.us/bt/public/businesspanready.pdf]
• Develop COOPs for each school and/or program based on the Business Impact Analysis.
• Establish command structure/center to coordinate information and organize/request resources.
• Consider how to coordinate with public health should school closings be recommended.
• Consider how to involve mental health in your planning and communications strategies.
• Identify essential operational functions and tasks, particularly those that are not usually designated essential under existing policies, such as payroll personnel.
• Inform and involve parent organizations.
• Address how your organization will maintain teaching/learning/educational objectives. Consider that there may be more than one extended closure.
• Consider Free and Reduced-Lunch programs and food services.
• Establish call-in line for situational updates.
• Create and maintain up-to-date employee and student telephone trees, both electronic and hardcopy.
• Train staff and students on influenza and pandemic preparations.

**Continuity of Learning/Curriculum**
• Maintaining teaching/learning/educational objectives.
  ➢ Consider amending the traditional class schedule and schedule of days. Plans may include extending the school day, having school days held on Saturdays, using previously scheduled vacation days, and/or extending the school year.
  ➢ Consider developing a plan for alternate means of educating students in the event of prolonged school closings and/or extended absences. Plans may include providing students with assignments via mail, local access cable, television or the school district’s website. Consider distance learning.
• Continuity of laboratory/research operations including animal care, experiment continuity and security.
• Security of and access to graduation/academic records.

**Human Resources**
Unlike the disasters that most organizations plan for, a pandemic will not affect equipment and facilities, but rather the people needed to sustain organizations. Additionally, the current assumptions about a pandemic’s duration push the boundaries of most existing absence-from-work policies. Therefore, organizations must thoroughly examine their human resource management practices and policies, refining and/or implementing policies that address the long timeline of a pandemic event.
• Address volunteer issues ahead of time including training, confidentiality, supervision, coordination, liability, background checks and security for volunteers.
• Develop emergency human resources policies regarding telecommuting or web based class work, hazard pay, liberal leave time, workers compensation, FMLA, cross-training, and payroll.
• Review existing policies and laws.
• Establish policies that are coordinated with specific phases of pandemic, such those that would be implemented only when a pandemic reaches Colorado.
• In planning for a pandemic, organizations may want to consider defining and publishing guidelines/policies including:
  ➢ Paid time off, sick leave, and vacation
    • Consider retaining existing procedures but extending timelines to address longer absences as may be required.
    • Devise and approve plans to accommodate leaves of absence and extended sick leave.
    • Encourage or enforce sick employees to not report to work.
    • Develop guidelines for sending employees home in the event of apparent illness.
    • Establish protocols for activating modified procedures.
  ➢ Family Medical Leave Act (FMLA) A federal law that requires employers with 50 or more employees at a work site to grant eligible employees up to 12 work-weeks of unpaid leave for certain medical or family reasons. Check with your human resource and legal counsel to ensure your compliance.
    • Ensure that supervisors know when to recognize possible FMLA triggers (i.e., absent three calendar days).
    • Review state laws on additional FMLA requirements if applicable (not in Colorado).
    • Though not mandated by FMLA, consider providing compensation for a portion of the maximum three-month period, perhaps four to eight weeks.
  ➢ Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)
    • Review COBRA and Colorado Continuation of Group Health Coverage requirements.
  ➢ Workers’ Compensation
    • Consult with your workers’ compensation provider for guidance related to pandemic issues.
Essential versus non-essential workers
- Every employee is important to your business, but some employees, who support your most critical functions, are considered essential. Define what “essential” and “non-essential” workers are and if there are any additional considerations for each category in your policies.
- People may move between “essential” and “non-essential” depending on the nature of the event. REQUIRE cross-training at least two to three deep and anticipate 40 percent absenteeism.
- Consider policies for cross-training or moving essential employees from one work unit to another to fill in when staffing is depleted.
- Consider how you will designate personnel to support critical functions.
- Each job function could include an essential or non-essential designation.
- Establish a procedure to formalize the process of cross-training.

Failure to report for work
- Consider how you will address issues related to employees who refuse to come to work due to fear of imminent harm or the threat of becoming ill.

Temporary shut down (“hibernation”)
- Layoff or extended leave policy
- Re-employment policy

- Develop procedures and provide training/guidance for management/supervisor response should an employee become ill.
- Compensation and benefits
  - Be aware of possible changes to employment taxes.
  - Be prepared to handle large volume of health and death insurance claims.
  - Encourage or require direct payroll deposits for all employees.
  - Review disability and death benefits coverage and payment levels. Consider solvency of your carrier to pay benefits.
  - Review existing severance pay guidelines.
  - Ensure that all employee insurance forms and beneficiaries are accurate and up-to-date before a pandemic occurs.

All of these issues should be considered and documented, as appropriate, in your organization’s emergency human resources plan. These policies should be communicated to your employees often so that they understand the kind of resources available to them and what actions the organization will take during a pandemic.

Financial Considerations
- This hazard has little or no insurance coverage. Discuss this with chief financial officer, insurance broker, and other financial representatives.
  - Review insurance policies for coverage and exclusions.
- Review financial considerations for human resources, including payroll benefits, etc.
- Review revenue sources (enterprise/auxiliary programs) and potential impacts to these programs.
- Review contractual obligations, including unions, faculty and vendors.
- Review/develop fiscal policies for extended school closures:
  - Financial obligations including bonds, notes, ticket sales.
  - Regulatory compliance for financial aid and grants.
  - Impact on fund-raising for schools and programs.

Physical Resources
- Address custodial/housekeeping issues in advance.
- Address building maintenance in advance including electrical, water, and sewage utilities. Develop policies and procedures regarding infrastructure.
- Develop procedures to maintain buildings with limited staff and/or when school is not in session
- Review contracts with vendors and suppliers to see whether they have continuity of operations plans or if they will sign contracts that guarantee delivery during a pandemic.
• Order educational posters (i.e., cover cough, hand-washing), tissues and hand sanitizer/hand-washing supplies for all classrooms.
• Stockpile nonperishable supplies, such as personal protective equipment (PPE) and canned goods.
• Consider training essential employees on the use of PPE.
• Address transportation concerns.
• Address Food Services concerns.
• Does your organization provide utilities for any of your facilities such as water, wastewater treatment, power and/or heating? Review the minimum staff needed to maintain critical services to facilities.

SECTION 3: INTERNAL/EXTERNAL COMMUNICATION

It is vital that you establish reliable methods of communicating with employees, students, parents, your local communities, contractors, vendors/suppliers, government agencies and volunteer organizations. Consider that normal communication vehicles may be impaired. Employ valid risk communication techniques when providing information and be familiar with these techniques in advance.

• Identify your Public Information Officer (PIO) and alternative personnel for this role. Ensure these personnel understand their role within an Incident Command System and that they make contact with other PIOs within response agencies and stakeholder groups (see Section 1, Collaboration/Planning).
• Identify a Spokesperson and other key staff that might be called on to communicate with media, community, parents, or students and provide them with training on risk communication techniques and your plans and policies.
• Review and revise internal emergency communication plans and crisis management communication policies and procedures.
  ➢ Include a comprehensive pandemic communications plan that identifies the methods for communicating timely information (e.g., exposures, school closures and student hygiene) to the public, parents, staff and students.
• Assess communications plans as related to reading levels of recipients.
• Ensure that the internal school community understands how information will be delivered to the public.
• Establish a system to report absenteeism rates and symptom information to the local health department.
• Identify how timely information will be received as well as communicated to government and response agencies.
• Devise more than one means of communicating information quickly with the entire school community since normal communication channels may be impaired or inundated.
• Provide situational updates as the need arises. Let the public know when and how often these updates will be provided (e.g., e-mail, web sites, listserv, news releases).
• Information about potential exposure to illness should be shared with all school community including employees, students, parents, visitors, contractors and suppliers.
• Create a campaign that encourages good hygiene habits, such as cough and sneeze etiquette, hand washing, infection control, flu shots, etc. Execute this campaign now.
• Provide information on pandemic and seasonal influenza and its treatment. Prepare to define related terminology (see SECTION 6: RESOURCES).
• Work with school district, campus, or public health agency to add a pandemic or health section to school newsletters or other informational sources such as web sites that are made available to the community.
• Make information readily available regarding home preparation for influenza, school policies and travel.
• Provide links to external informational resources on your web sites.
• Age appropriate student communications may require multiple messages (i.e., secondary and elementary).
• Assess all communications for reading level.
• Some communications may need to be provided in various languages and with an understanding of cultural communication differences. Each school/department should understand their community and related cultural considerations.
• Maintain updated contact information for key positions and outside entities and develop call trees.
• Convey to employees that their duties, functions and roles may change throughout the pandemic.
- If exposures occur, suggest that employees contact their healthcare providers, but do not give details about sources (persons) of exposure – confidentiality is key. Follow your human resources emergency plan recommendations.
- Inform key stakeholders of your pandemic plans.
- Update employees about your organization’s preparedness plans.

SECTION 4: PROTECTIVE HEALTH MEASURES AND NON-PHARMACEUTICAL INTERVENTIONS (NPI)

- Encourage seasonal influenza vaccinations.
- Develop personal protective equipment (PPE) procedures and policies for staff, bus drivers, facilities personnel, custodial staff, etc. based on a Job Safety/Hazard Assessment. Plan for and train on PPE use. Activate these plans based on pandemic phase.
  - OSHA’s Guidance on Preparing Workplaces for an Influenza Pandemic
- Educate staff to screen potentially sick students and staff. Send those identified as ill home. Establish procedures for isolating students for whom transportation cannot be arranged.
- Review and/or implement infection control policies and guidelines, along with guidelines for keeping students home.
- Review school health program objectives.
- Discourage policies that reward perfect attendance during a pandemic.
- Consider ways to promote infection control and prevention at school, on campus and at home. See SECTION 6: RESOURCES.
  - Patient Education Materials
    http://www.cdc.gov/flu/professionals/flugallery/posters.htm#healthyhabits
  - Infection Control Information: Cover Your Cough
    http://www.cdc.gov/flu/protect/covercough.htm
  - Healthy Schools, Healthy Youth
    http://www.cdc.gov/HealthyYouth/index.htm

SECTION 5: RECOVERY

- Create a plan for obtaining an accurate count of which staff will be returning to work and possible changes in capacity.
- Develop procedures including cross training and remote access for certain functions to allow operations to resume.
- Identify general attendance level protocols for resuming limited or normal operations.
- Provide counseling services where needed. Work with local mental health providers to offer counseling and support.
- Work with your transportation department to change or revise bus routes as appropriate.
- Review and consider revising attendance policies.
- Create a plan for parents to contact the school to indicate if/when their child will be returning to class.
- Develop procedures to adjust the curriculum accordingly.
- Continue to stress the importance of infection control and good hygiene.
- Consult district or campus crisis procedures for guidance on recovery efforts (i.e. conduct follow-up meetings to debrief, review and learn from events; coordinate appropriate memorials and remembrances, handle media follow-up, etc.).
SECTION 6: RESOURCES

The following resources are provided to assist in planning efforts and information gathering. Consider sharing what you learn during your planning efforts with other institutions and Districts. To ensure your preparedness, your plans should be tested before they are needed. Conduct exercises of your response and communications plans to assess their effectiveness and test your assumptions. Invite outside stakeholders to participate in your planning exercises.

**American Red Cross - Mile High Chapter** - Non-profit organization whose mission is to provide relief to victims of disaster and help people prevent, prepare for and respond to emergencies. [http://www.denver-redcross.org](http://www.denver-redcross.org)

- **Specific items of interest from ARC-MHC:**


- **Specific items of interest from AJG:**

**Association of Contingency Planners (ACP)** - Non-profit trade association dedicated to fostering professional growth and development in effective Contingency & Business Resumption Planning. [http://www.acp-international.com/](http://www.acp-international.com/)

**Colorado Rocky Mountain Chapter** [http://www.crmc-acp.org/](http://www.crmc-acp.org/)

- **Specific items of interest from ACP:**
  - Pandemic/Avian Flu Planning Information and Tools – a collection of websites, white papers and other resources to help in planning for a pandemic. [http://www.acp-international.com/panademic.html](http://www.acp-international.com/panademic.html)

**Campus Safety Health and Environmental Management Association (CSHEMA)** - A organization designed for Environmental Health & Safety professionals primarily in higher education. [www.csHEMA.org](http://www.csHEMA.org)

**Centers for Disease Control and Prevention (CDC)** - Principal US Government agency charged with protecting the health and safety of all Americans. [http://www.cdc.gov/](http://www.cdc.gov/)

- **Specific items of interest from CDC:**
  - Healthy Schools, Healthy Youth website [http://www.cdc.gov/HealthyYouth/index.htm](http://www.cdc.gov/HealthyYouth/index.htm)
  - Infection Control Information:
    - Cover Your Cough [http://www.cdc.gov/flu/protect/covercough.htm](http://www.cdc.gov/flu/protect/covercough.htm)
  - Interim guidance for the use of facemasks and respirators for the general public during an influenza pandemic: [http://www.cdc.gov/Features/MasksRespirators/](http://www.cdc.gov/Features/MasksRespirators/)
Colorado Association of Emergency Managers (CEMA) - A non-profit professional association representing emergency managers and others throughout the State of Colorado dedicated to the promotion of activities in the four phases of emergency management: preparedness, mitigation, response and recovery.  
http://www.cemacolorado.com/  

Colorado Department of Education - Administrative arm of the Colorado State Board of Education.  
http://www.cde.state.co.us  

Colorado Department of Human Services - Division of Mental Health (CDMH) - State agency division whose mission is to ensure culturally competent, comprehensive care that promotes individual, family, and community resiliency and recovery through providing to the public mental health system expertise in policy, program development, evaluation, quality improvement, training, consultation and resource acquisition.  
www.cdhs.state.co.us/dmh  
Specific items of interest from CDMH:  
CDMH's Disaster Preparedness and Response Department has a website that carries useful information for pandemic planning and behavioral health issues (note the underscore between the word disaster and home).  
http://www.cdhs.state.co.us/dmh/disaster_home.htm  

Colorado Department of Local Affairs (DOLA) provides financial and technical assistance to local governments throughout Colorado.  
http://www.dola.state.co.us/  
Specific items of interest from DOLA:  
Link to local emergency managers and Colorado Department of Emergency Management field staff  
http://www.dola.state.co.us/oem/localem.htm  

Colorado Department of Public Health and Environment (CDPHE) - State agency committed to protecting and preserving the health and environment of the people of Colorado.  
http://www.cdphe.state.co.us  
Specific items of interest from CDPHE:  
Pandemic Influenza Planning - fact sheets, information and planning tools.  
http://www.cdphe.state.co.us/bt/panflu.html  
Listing of local public health and environmental health agencies in Colorado.  
http://www.cdphe.state.co.us/as/locallist.asp  
Pandemic Influenza Q & A  
http://www.cdphe.state.co.us/de/Influenza/avian/panflu%5Ffact.pdf  
Avian Influenza Q & A  
http://www.cdphe.state.co.us/de/Influenza/avian/influenza%5Ffact.pdf  
CDPHE Disease Control and Environmental Epidemiology Division Influenza Website - Colorado Influenza Statistics (weekly surveillance update)  
http://www.cdphe.state.co.us/de/Influenza/index.html  
Guidelines for Business Pandemic Readiness  
http://www.cdphe.state.co.us/bt/public/businesspanready.pdf  

Denver Regional Council of Governments (DRCOG) - Non-profit association of 52 local governments in the nine-county Denver region; offers information and other resources on a variety of topics including teleworking.  
http://www.drcog.com/  

Federal Emergency Management Agency (FEMA) - Emergency management information in nearly 30 categories; directory of contacts, disaster reports, education and links.  
http://www.fema.gov/  
Specific items of interest at FEMA:  
Online, independent study course to design and conduct a disaster recovery exercise.  
http://training.fema.gov/EMIWeb/IS/is139.asp
Information for use in emergency planning and response.
http://www.fema.gov/emergency/reports/index.shtml

Resources for parents and teachers.
http://www.fema.gov/kids/teacher.htm

Preparedness and Training.
http://www.fema.gov/government/prepare.shtm

National Association of School Nurses (NASN) offers an online toolkit to educate parents and students about the flu.

Pan American Health Organization - Information and updates about pandemic influenza and planning.

PandemicFlu.gov - One stop access to U.S. government avian and pandemic flu information.
http://www.pandemicflu.gov/

  Specific items of interest from pandemicflu.gov:
  http://www.pandemicflu.gov/plan/tab1.html#national

READYColorado.org and Ready.Gov are designed to help every Coloradoan become prepared to respond to and recover from a wide array of disasters ... both natural and human-caused. Here, you'll find disaster planning and response tools, checklists, strategies and information. http://www.readycolorado.org/


University Risk Management and Insurance Association (URMIA) - An organization designed to be "the" resource for Risk Managers in higher education. http://www.urmia.org/

US Department of Agriculture provides helpful information for vet schools and animal research throughout the state.
Heads the School Lunch and School Breakfast programs.

US Department of Education (DOE) - Pandemic Planning resources http://www.ed.gov

  Specific items of interest from DOE:
  Letter from Secretary Spellings
  Pandemic Flu: A Planning Guide for Educators
  Basic Components of Pandemic Planning
  Components of Comprehensive School and School District Emergency Management Plans
  Steps for Developing A School Emergency Management Plan
  Updating and Maintaining School Emergency Management Plans
  After-Action Reports: Capturing Lessons Learned and Identifying Areas for Improvement
  http://www.ercm.org/views/documents/After_ActionReports.pdf

US Department of Labor (DOL) – Information on labor and employment issues www.dol.gov

  Specific items of interest from DOL:
  Family Medical Leave Act (FMLA)
  http://www.dol.gov/esa/whd/fmla/
  Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)
  http://www.dol.gov/dol/topic/health-plans/cobra.htm
Workers’ Compensation
http://www.dol.gov/esa/owcp_org.htm

US Occupational Safety and Health Administration (OSHA) – a section of the Dept. of Labor www.osha.gov
Specific items of interest from OSHA:
Guidance on Preparing Workplaces for an Influenza Pandemic

World Health Organization (WHO) - United Nations specialized agency for health whose objective is to promote complete physical, mental and social well-being for all people. http://www.who.int/en/
Specific items of interest from WHO:
Avian Influenza – background information, latest news, maps and situational archives.
Influenza pandemic threat - current situation - information to help policy-makers and the public stay informed in a rapidly evolving situation.
Influenza information, for everyone
http://www.who.int/flu/publications/20060324

SECTION 7: BACKGROUND & CONTRIBUTIONS

In October 2005, the Colorado Department of Public Health and Environment (CDPHE), the Colorado Division of Emergency Management (CDEM), and the Colorado Department of Agriculture (CDA) established Colorado’s Interagency Influenza Coordinating Committee (IICC) with the goal of enhancing interagency planning and emergency preparedness for avian and pandemic influenza in the state of Colorado. The IICC has continued to meet regularly for pandemic influenza planning and membership has expanded to include several local and state agencies, private businesses, and representatives from education.

Members of the IICC and other external partners have formed several subcommittees to accomplish specific tasks and objectives. One such subcommittee is the Education Subcommittee (EdS). It was formed to bring together representatives from K-12 and higher education, both public and private, to develop guidelines for how educators could support their employees and students and continue operating during a disaster. This document is a result of the work conducted by the Interagency Influenza Coordinating Committee’s Education Subcommittee.

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